

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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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

Inspection site visit activity took place on 2 August 2018 and was unannounced.

At our last inspection the provider was found to be in breach of Regulation 17 Good governance. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of: Is the service Safe? and Is the service Well-led? to at least good.

At this inspection we found that sufficient improvement had been made to say that the breach of regulation had been met.

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

The Infirmary provides accommodation for up to 10 Sisters of the Chapter of the Order of the Holy Paraclete, in one adapted building. At the time of this inspection there was five Sisters living at the service.

There was a manager in post who had registered with CQC. 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.' At the time of this inspection the registered manager was on planned leave. The deputy manager assisted throughout.

Effective quality assurance processes were now in place to monitor and improve the service. When shortfalls had been found, the registered manager had taken swift action to implement improvements.

Improvements had been made to the management of medicines. Regular audits were now in place to ensure staff had administered, recorded and checked stock balances of medicines each day.

Risks to the Sisters had been assessed and appropriate control measure were put in place. There was a safeguarding policy and procedure which staff were familiar with and confident any concerns would be managed appropriately.

Regular maintenance checks had been conducted and required servicing certificates were in place. The service was clean and tidy throughout and staff had access to appropriate personal protective equipment to promote good infection control and prevention practices.

Staff had received regular training to ensure they had the skills and knowledge to support the Sisters. Staff were supported through a regular system of one to one supervisions where their personal development was promoted. Annual appraisals had also taken place.

The Sisters were provided with support which help them maintain a balanced diet. They were encouraged to remain as independent as possible and their choices were respected by staff.

The Sisters were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Where the Sisters had made advanced decisions with regards to care and treatment, this was clearly recorded and their wishes were respected.

The Sisters received support from other professionals where required. Care records contained details of people who were important to the Sisters and how staff could encourage these personal relationships.

Care plans were person-centred and focused on what was important to the Sisters. Activities were promoted which reflected the Sisters religious beliefs and wishes.

Feedback was sought by the registered manager to continuously improve the service. Whilst there had been no complaints made in the past 12 months, a clear complaints policy was in place that the Sisters were familiar with.

Regular staff meetings had taken place to provide staff with the opportunity to contribute to the service. The Sisters were encouraged to attend regular meetings at the Priory and to engage with other Sisters.

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.

Safe recruitment processes had been followed and appropriate pre-employment checks had been completed.

Medicines had been stored and administered safely. Staff had received medicines training and had their competencies in this area assessed regularly.

Risks assessments were in place where required and provided staff with sufficient information to manage and reduce risks.

Is the service effective?

Good ●

The service was effective.

Staff had received regular support and training to ensure they had the skills and knowledge to carry out their role.

Staff understood and followed the principles of the Mental Capacity Act 2005.

The Sisters received support from other professionals when this was required.

Is the service caring?

Good ●

The service was caring.

The Sisters were treated with dignity and respect. Choices and decisions they made were respected by staff.

The Sisters cultural beliefs were understood and promoted by staff.

The Sisters received kind, caring support from staff who were familiar with their likes, dislikes and preferences.

Is the service responsive?

Good ●

The service was responsive.

Care plans contained person-centred information that focused on what was important to the Sisters.

The Sisters were supported to participate in religious activities and access the Priory when they wished.

There was a complaints policy and procedure in place. The Sisters knew how to raise a concern. They told us any issues would be dealt with swiftly.

Is the service well-led?

Good ●

The service was well-led.

The registered manager had worked hard to ensure effective quality assurance processes were implemented.

Feedback from the Sisters and staff was requested and action taken when shortfalls were found.

The Sisters and staff told us the service was well-led by a management team who were friendly and approachable.

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.

Inspection site visit took place on 2 August 2018 and was unannounced. This meant the provider did not know we would be visiting.

The inspection was conducted by one adult social care inspector and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service. The expert by experience who supported this inspection had extensive knowledge of caring for older people and people living with dementia.

As part of planning our inspection, we contacted Healthwatch and local authority safeguarding and quality performance teams to obtain their views about the service. Healthwatch is an independent consumer group, which gathers and represents the views of the public about health and social care services in England. We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales.

The provider sent us their Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help plan for the inspection.

During the inspection, we reviewed a range of records. These included three Sisters care records containing care planning documentation, daily records and medicine records. We completed a tour of the service and looked at communal areas, bathrooms and Sisters bedrooms, with their permission.

We looked at five staff files relating to their supervision, appraisal and training. We reviewed records relating to the management of the service and a wide variety of policies and procedures.

During the inspection we spoke with five Sisters who used the service to gain their views on the service provided. We also spoke with four members of staff including the deputy manager and the provider.

Is the service safe?

Our findings

At the last inspection in June 2017 we found the service was not always safe and awarded a rating of requires improvement. This was because medicines had not always been administered safely and appropriately recorded.

At this inspection we found the required improvements had been made.

Medicines were now stored, administered and recorded appropriately. Monthly audits of medicines were now taking place to ensure they had been stored appropriately. Weekly audits were also in place to check administration records to ensure staff had signed when medicines had been administered. We found when gaps in recordings had been identified, appropriate action had been taken. This included observing staff practice to ensure they were fully competent in this area and one to one discussions with staff. Stock of medicines was also regularly checked to ensure there was a plentiful supply of medicines that were needed. Staff had received appropriate training and staff we spoke with told us they were confident when managing medicines.

We looked at five medicine administration records and found these had been completed appropriately and contained the required information. Protocols were in place for medicines that had been prescribed 'as and when required' (PRN) and they provided clear guidance to staff on when such medicines should be administered.

The Sister's told us they felt safe. Comments included, "Yes I feel safe. I couldn't wish for anything better", "I have no anxieties about being here. I feel very safe" and "Yes, I feel safe. We are well cared for."

Risks to the Sisters had been assessed on an individual basis. We found risk assessments were in place for areas such as the use of bed rails, moving and handling and falls. These assessments contained details as to what the risk was and control measures that had been put in place. For example, one Sister used a hoist for all transfers. The risk assessment detailed that all staff were to ensure the hoist was fully charged, check the hoist sling for any rips or tears and servicing of the equipment was to be conducted every six months. This demonstrated the service was identifying potential risks and putting appropriate control measures in place.

Appropriate servicing certificates were in place for areas such as gas and electrical safety, fire equipment and alarm testing and moving and handling equipment. All the Sisters had a Personal Emergency Evacuation Plan (PEEPs) in place which contained the required level of information. PEEPs provide staff and emergency services with the information they would need to evacuate people in the event of an emergency. Regular fire evacuation practices had taken place to ensure staff were familiar with the process to follow in the event of a fire.

Staff conducted regular checks to ensure water, fridge and freezer temperatures remained within safe limits. We did find that some temperatures, for example water, had not been recorded but just a box ticked to say they had been checked. We discussed this with the deputy manager who agreed moving forward, actual

temperatures would be recorded.

Accidents and incidents were recorded and the registered manager had a full overview. Following each accident or incident the registered manger conducted an investigation to identify if any further control measures could be put in place. For example, one Sister had slid from their chair on two occasions. The registered manager contacted appropriate professionals to enable an assessment for a suitable chair to be conducted. This had been completed and the Sister had been provided with a new chair.

At the time of this inspection, the service was fully staffed. We did not look at recruitment files as there has been no new recruits since the last inspection. At the last inspection we did not identify any concerns in relation to the recruitment process and found appropriate pre-employment checks had been completed prior to new staff commencing employment. The service did not use agency staff and rotas demonstrated that the Sisters were supported by a consistent team of experienced staff, most of whom had been at the service for 20 plus years.

The Sisters we spoke with told us they thought there was enough staff on duty. One Sister said, "There is enough staff. If I need them, they come. I never really have to wait." Another Sister told us, "I have great trouble at night because of my medical condition but staff are always on hand to help me."

Staff understood, and had received training with regards to safeguarding the Sisters from abuse. Staff we spoke with were fully aware of the procedure they should follow if they suspected abuse was taking place. One member of staff said, "I would have no hesitation in reporting a concern. [Registered manager] would respond appropriately, I am confident about that."

Infection control and prevention was clearly well managed. The Sisters personal items, such as toiletries were stored in their rooms. Personal protective equipment such as gloves and aprons were readily available and monthly infection control audits were completed to ensure staff were following best practice at all times. The Infirmary was clean and tidy throughout.

Is the service effective?

Our findings

At the last inspection in June 2017 we found the service was effective and awarded a rating of good. At this inspection we found the service remained good.

We asked the Sister's if they felt staff had the skills and knowledge to provide effective care and support. Comments included, "Yes they are well trained" and "They all have abilities they need. I haven't really asked what training they have but I trust them."

Records clearly evidenced that staff had complete training relevant to their role. When we discussed training with staff they all told us they received continuous training and could request additional training if they felt it was needed. One member of staff said, "We are constantly completing training. I asked to do another NVQ and that was sorted no problem. [Registered manager] is always encouraging us to develop."

We looked at the training material used. Some training was delivered by an outside training provider, whilst the registered manager delivered some training where relevant via DVDs and discussions. We discussed this with the deputy manager and asked them how they ensured the DVDs related to current best practice, which can often change. They advised they would contact the company who supplied the DVDs to ensure they had access to the most up to date versions.

Regular, constructive supervisions sessions were held between the registered manager or deputy manager and staff. Within these sessions, staff personal development was discussed along with their performance and any areas that may need improving. Staff told us they found the sessions informative and valued that they were given the opportunity to share ideas to improve the service. One member of staff said, "I have regular supervisions which are well planned. We can discuss anything but there is a focus on performance and development which I like."

At the last inspection, staff told us they did not feel well supported. At this inspection we found improvements had been made and staff spoke positively about the support on offer. Comments included, "We are all very well supported" and "If I have any concerns at all I know I can speak with [registered manager's name] or [deputy manager's name]. Someone is always available." The registered manager had adjusted their working hours to ensure they could arrive earlier on a morning to have frequent contact with night staff to improve staff support.

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.

Staff told us they ensured they gained consent at all times. Comments included, "I always ask the Sister's 'is it ok if I do this' and wait until they consent. I would never just do something without asking." The Sisters we spoke with confirmed this.

Records clearly evidenced that the Sisters received regular support from other professionals when needed, such as dentist, opticians and district nurses. If the Sister's had been to a hospital appointment this was also clearly recorded stating the reason for the appointment and the outcome.

Care plans provided clear guidance to staff with regards to nutritional requirements and the Sisters specific needs. For example, one Sister had a medical condition which meant they had to follow a strict diet. It recorded foods that were high in fibre that should be encouraged as well as foods that should be avoided and the reasons why.

The Infirmary is joined to St Hilda's Priory and most meals were provided by staff in The Priory kitchen. Most of the Sister's chose to eat their meals in the Priory. 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, "The food is very good. 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."

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, "The Sisters are extremely grateful for the meals they receive. We do encourage them to tell us if they are not satisfied but 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.

Staff recorded the Sisters weights on a monthly basis to ensure they had not suffered any weight loss or gain and remained a healthy weight. There were no current concerns with regards to the Sisters weight and staff were clear of the action they would take if concerns arose, such as contacting relevant professionals and increasing the nutritional value of meals provided.

Is the service caring?

Our findings

At the last inspection we found the service was caring and awarded a rating of good. At this inspection we found the service remained good.

The Sisters we spoke with told us staff treated them with kindness and had a caring approach. Comments included, "The staff are all very caring. We are like family", "I think we are all well cared for" and "The staff are very good. They have kind hearts."

It was clear that the Sisters spiritual and cultural beliefs were respected and promoted at all times. When some Sisters had been unable to attend the Priory for services, arrangements had been made for a service to take place in The Infirmary every week.

Staff respected the Sisters wishes and had a good understanding of when they needed time to reflect. At the time of this inspection, some of the Sisters were in retreat. This meant they spent the week in silence to reflect. The deputy manager explained that not all the Sisters were participating but they would still need to ask them if they would be willing to speak with us. This demonstrated that staff were very much aware of things that mattered to the Sisters and they respected choices they made.

Privacy and dignity was respected. The Sisters we spoke with told us they could spend their day as they wished and were able to spend quiet time in their bedrooms. One Sister said, "With me it is getting the balance right. I am still very active and the staff respect that. I have no issues with privacy at all. They always knock on my door any wait for me to answer. They know that is my preference." Another Sister told us, "They help me onto the commode at night and they are always respectful. They leave me and I just have to buzz when I need support. They always knock and wait for me to say, 'come in' before they enter."

Throughout the inspection we observed a pleasant, calming atmosphere and the Sisters were comfortable in approaching staff. We observed staff stimulating meaningful conversations with the Sisters who were not participating in retreat, explaining events that were taking place that day in the Priory and also asking them how they wished to spend their day.

It was clear staff knew the Sisters extremely well. We were going to approach one Sister to ask them their views of the service when we were politely reminded by staff that the person enjoyed quiet time after lunch and should not be disturbed. This demonstrated that staff were familiar with the Sisters and their routines and respected their wishes.

Staff clearly understood the Sisters support needs. We observed one staff member approaching a Sister who was not participating in retreat, making sure they made direct eye contact and spoke in a clear voice to ensure the Sister could communicate with them effectively. We observed staff were available to spend time with the Sisters, chatting about things that were of interests. One Sister said, "We spend time chatting in the afternoons which is always very nice."

The Sisters were supported to maintain personal relationships. It was clear staff understood who was important to them and encouraged them to maintain those relationships and have regular contact with them.

The Sisters did not currently require any support from an advocate. The deputy manager was clear on the process to follow should one be requested or required. Advocates help to ensure people's views and preferences are heard.

Is the service responsive?

Our findings

At the last inspection in June 2017 we found the service was responsive and awarded a rating of good. At this inspection we found the service remained good.

Care plans contained a completed pre-admission assessment which had been complete prior to the Sisters moving to The Infirmary. They clearly detailed the Sisters care needs and support they were going to require.

Care plans had been developed to ensure they included each Sisters individual needs. They were person-centred and provided staff with sufficient information to be able to provide person-centred support. For example, a communication care plan detailed that the Sister wore hearing aids in both ears and would like staff to speak clearly and slowly and ensure they were stood directly in front of the Sister to enable them to communicate effectively. It went on to state that the Sister enjoyed listening to the radio via headphones and should be reminded to remove their hearing aids prior to this. One Sister told us, "Staff know me very well. They know what I like and what I don't. They know I like to leave my bedroom door open when I am in my room so I can still see what is going on."

Where people had specific needs in relation to medical conditions, appropriate care plans had been developed to ensure the Sisters received the support they required. For example, one Sister had been assessed by a physiotherapist and an exercise plan had been developed to improve the muscle strength in the Sisters lower legs. The exercises were clearly detailed in the Sisters care plan and displayed on the wall in the Sister's bedroom.

Advanced decisions made by the Sisters was recorded. For example, one Sister had signed an advanced decision to refuse treatment. It clearly stated what the Sister was willing to accept during end stages of life, such as pain relief but would not like any medical intervention of artificial means where medical treatment would be required to keep them alive. This document had been signed by the Sister and also evidenced who had been involved in the discussion.

The care that the Sisters received supported and respected their cultural and spiritual needs which staff were very familiar with. 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 main activities at the service were based upon the sisters' spiritual needs and involvement with the Priory. 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 was a speaker which relayed the service from the main Chapel. This enabled the sisters to remain a part of the service. Staff told us that due to the Sisters current health conditions, arrangements had been made for a service to be held in the lounge of The Infirmary every Friday to ensure all Sisters were given the opportunity to participate.

There was an activities coordinator employed by the service who supported the Sisters in areas such as accessing the grounds of the service, playing board games and participating in baking. Their main role was

to support the Sisters who had reduced mobility and required additional support to access activities. One Sister told us, "[Activities coordinator's name] takes me for walks to help encourage independence and my mobility. We also play scrabble and spend time chatting." Another Sister told us, "We had a guitarist who came to us. [Activities coordinator's name] also arranged for me to get audio books as I enjoy reading."

Since the last inspection, improvements had been made to the way staff recorded information at the end of each shift. Previously a verbal handover had taken place between staff but this was not recorded to evidence the information that had been shared. The registered manager had now introduced handover documentation that was completed at the end of each shift. This was to ensure all staff had access to written, up to date information regarding how each Sister had been that day. One member of staff told us, "The handovers are good and thorough. We have always had handovers but they used to be verbal. Now it is all written down so if you forget something you can always refer back to the handover notes." Handover notes recorded information such as times medicines had been administered, meals the Sisters had eaten, any personal care provided as well as how the Sisters health had been that shift.

We discussed the complaints process with the deputy manager who told use no complaints had been raised in the past 12 months. The Sisters we spoke with told us they knew who to speak to if they had any concerns. One Sister said, "I could raise anything with any of the staff. They are really approachable." A complaints policy and procedure was in place which provided clear guidance on how each complaint would be managed and responded to. Records of historical complaints evidenced that the registered manager followed the process.

Is the service well-led?

Our findings

At the last inspection in June 2017 we found the service was not always well-led and awarded a rating of requires improvement. This was because effective quality assurance processes were not in place to monitor and improve the service which resulted in a breach of Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulation 2014.

At this inspection we found considerable improvements had been made.

There was a manager in post who had registered with CQC in October 2010. At the time of this inspection the registered manager was on planned leave. The deputy was providing management cover and assisted throughout the inspection.

The registered manager had introduced a number of quality assurance audits to ensure the service was meeting people's needs. Monthly audits were now in place for areas such as medicines, care records, housekeeping, health and safety and hand hygiene. Each month an action plan was generated to highlight and address any concerns found. For example, during audits in June 2018 it was highlighted that two care plans were overdue their monthly reviews. The registered manager had spoken to the staff responsible for such reviews and these had been completed within a 24hour period. This demonstrated the registered manager now had an effective system in place to monitor and improve the service.

The registered manager had also completed an annual report for 2017 which provided a detailed overview of how the service had performed and developed over a 12month period. It covered areas such as staffing and training, improvements made since the last CQC inspection, feedback from the Sisters as well as the number of admissions to the service and how these had been managed. This report had been shared with the provider so they too had a clear understanding of how the service was performing and areas that may need further improvements.

The registered manager was keen to gathered feedback from the Sisters. Feedback questionnaires had been submitted to the Sisters in November 2017. The registered manager had then completed an analysis on the feedback provided and created an action plan so they could make improvements where concerns had been raised. For example, one Sister had stated that some of the ear phones at the service did not work correctly. The registered manager had checked and replaced, where necessary, all ear phones in the service and fed back to the Sisters action they had taken because of their comments.

Action had been taken to address concerns raised by staff during the last inspection regarding support staff received from management. We found staff had been asked how support could be improved. As a result of the feedback provided the registered manager had adjusted their working hours to ensure they had regular contact with all staff, including night staff. At this inspection, staff told us they were well supported and the registered manager had a visible presence. Comments included, "I get lots of support. [Registered manager's name] or [deputy manager's name] are always around and on hand if you need anything" and "We get support whenever we need it. The management team are very approachable."

The Sisters we spoke with were aware of who the registered manager was and spoke positively about their approach. One Sister said, "[Registered manager's name] is approachable, friendly and easy to talk to. They are here more often than not."

Regular staff meetings had also taken place. These meeting were used to discuss any ongoing issues or concerns staff had, rotas, training opportunities as well as each Sister to ensure the support continued to meet their needs. The Sisters were given the opportunity to attend meetings at The Priory if they wished which were conducted by the Prioress. Most Sisters we spoke with told us they preferred one to one discussion with staff or management and these were accommodated.

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.