Care Quality Commission

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

The Infirmary

Inspection report

St Hilda's Priory
Sneaton Castle
Whitby
North Yorkshire
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Tel: 01947 605707
Website:

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Ratings

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

Overall summary

This inspection took place on 09 April 2015 and was unannounced. It was carried out by one adult social care inspector.

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 six sisters living at the infirmary. There is a passenger lift to assist sisters to the upper floors and the home is set in spacious and pleasant grounds.

The home had a registered manager in place. 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.

The sisters told us they felt safe at the home. Risks were managed well without placing undue restrictions upon

Summary of findings

them. Staff were trained in safeguarding and understood how to recognise and report any abuse. Staffing levels were appropriate which meant the sisters were supported with their care and to pursue interests of their choice. The sisters received the right medicines at the right time and medicines were handled safely.

The sisters told us that staff understood their individual care needs. We found that they were supported by staff who were well trained. All staff received mandatory training in addition to specific training they may need. The home had strong links with specialists and professional advisors and we saw evidence that the home was proactive in seeking their advice and acting on this.

The sisters' nutritional needs were met and they received the health care support they required. They were enabled to make some choices about their meals and snacks and their preferences around food and drink were respected.

The home was clear about its responsibilities around the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and supported sisters to make informed decisions about their care.

Staff had developed positive, respectful relationships with the sisters and were kind and caring in their approach. The sisters' privacy and dignity were respected and they were supported and empowered to be as independent as possible in all aspects of their lives. Staff anticipated the sisters' care needs and attended to them quickly, politely and with warmth.

The sisters had informed staff about the areas of their care they considered most important and these were written down in a plan for staff to follow. The sisters told us that staff concentrated on what was most important to them and made sure that they received the care they needed and preferred.

The sisters were assisted to take part in activities and daily occupations which they found both meaningful and fulfilling. They told us that they appreciated how staff had thought of ways to make sure they could continue with daily routines they enjoyed. The home made a particular effort to make sure that those sisters whose voices were not always easily heard were consulted and that their views were acted on.

Sisters were encouraged to complain or raise concerns, the home supported them to do this and concerns were resolved quickly.

There was strong leadership which promoted an open culture and which put the sisters at the heart of the service. Staff understood their roles and responsibilities which helped the home to run smoothly. The sisters and staff were involved in developing the service. Communication at all levels was clear and encouraged mutual respect. The registered manager understood the home's strengths, where improvements were needed and we saw evidence of where improvement had been made.

Systems were in place to assess and monitor the quality of the service and the focus was on continuous improvement.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Good

The sisters told us that they felt safe. The sisters had the opportunity to live a full life without undue restriction because of the way risk was managed.

The sisters were sure they received the right medicines at the right time because medicines were managed safely.

There were sufficient staff who were safely recruited and trained in how to safeguard the sisters.

Is the service effective?
The service was effective.

Good

were trained and supported to meet the sisters' needs. The registered manager supported them to develop professionally in an atmosphere of respect and encouragement.

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

The registered manager was fully aware of the principles of the Mental Capacity Act 2005 and how to make an application to request authorisation for a person's deprivation of liberty.

The sisters were consulted about their meals, their nutritional needs were met and they had free access to food and drink.

Is the service caring?
The service was caring.

Good

Staff were skilled in clear communication and the development of respectful warm and caring relationships with the sisters, involving them in all decisions. We observed that staff had respect for the sisters' privacy and dignity.

Staff supported the sisters to build their confidence and to feel reassured. They enabled the sisters to be as independent as possible.

Is the service responsive?
The service was responsive to the sisters' needs.

Good

The sisters received individualised and personalised care which had been discussed and planned with them.

Staff ensured the sisters' lives were as fulfilling as possible. The sisters' views were listened to and acted upon by staff.

Is the service well-led?
The service was well led.

Good

The culture was supportive of the sisters who lived at the home and of staff. Lines of communication were strong and clear. Staff understood their roles and responsibilities.

Summary of findings

The registered manager had made statutory notifications to the Care Quality Commission where appropriate.

There was an effective quality assurance system in place and the registered manager was proactive in seeking out ways to improve. Staff were supported to improve their practice across a range of areas.

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

This inspection took place on 09 April 2014 and was carried out by one adult social care inspector. It was unannounced.

We did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We gathered the information we needed during the inspection visit. We also reviewed the information we held about the service, such as notifications we had received from the registered manager. A notification is information about important events which the service is required to send us by law. We planned the inspection using this information.

On the day of the inspection we spoke with three of the six sisters who lived at the home, the assistant care manager and two senior care workers. The registered manager was on annual leave. After the inspection we spoke with a health care professional.

We spent time observing the interaction between the sisters who lived at the home and staff.

We looked at some areas of the home, including some bedrooms (with the sisters' permission), communal areas and office accommodation. We also spent time looking at records, which included the care records for three of the sisters. We looked at the recruitment, supervision and appraisal records of three members of staff, a full staff training matrix and other records relating to the management of the home.

Good

Is the service safe?

Our findings

The sisters told us that they felt safe and that the staff and management often anticipated any concerns they may have, for example by explaining the need for a change of room for one of the sisters within the home and gaining agreement to this. Everyone we spoke with told us that if they ever felt unsure about their safety, staff would reassure them and deal with what was troubling them.

Safeguarding training for staff was up to date with a clear timescale in place for when updates were required. When we spoke with staff about this they were able to describe different types of abuse and what action they would take if they observed an incident of abuse or became aware of an allegation. Staff told us they felt the team would recognise unsafe practice and report it to the assistant care manager. This gave us evidence that staff had the knowledge to protect the sisters appropriately.

Care plans identified a sister's level of risk. The sisters told us that each area of risk had been discussed and agreed with them and we saw records which confirmed this. For example, we saw a risk assessment about protecting one of the sisters from the risk of falls when walking outdoors which they had agreed to. Where appropriate, risk assessments included such areas as nutrition, pressure care, mental capacity, infection control, falls and moving and handling. Risk assessments were proportionate and included information for staff on how to reduce identified risks while avoiding undue restriction.

Staff told us that their approach to risk was responsive to the sisters' changing needs and mental capacity. They told us that the home had an open and positive approach towards managing risk. For example, one member of staff told us, "One sister may wish to go out but the weather may be very cold so we would encourage them to wrap up warm or to reconsider when they went out."

Staff told us that the sister's behaviour which others might find challenging was managed with a positive attitude. They described a situation some time ago when they had managed behaviour which had challenged both staff and other sisters. One member of staff said in relation to this, "We understood it was the dementia which created the problem. We didn't directly challenge the sister and we returned later if they did not wish to have assistance at a particular time. We tried to work out what the sister may be wishing to do from their own point of view."

We saw that the home regularly reviewed environmental risks and carried out regular safety audits. We noticed that the environment supported safe movement around the building and that there were no obstructions. The bathrooms were well managed to promote the control of infection. Staff told us that they had received training in infection control and in using any equipment that the sisters required to manage their care safely. Records confirmed this.

Staff application forms recorded the applicant's employment history, the names of two employment referees and any relevant training. We saw that a Disclosure and Barring Service (DBS) check had been obtained prior to commencing work at the home and that employment references had also been received on all staff files we looked at. The assistant care manager told us that one of the sisters from the main Priory was employed as a care worker. This sister had not received a DBS check to ensure they were safe to care for vulnerable poeple. The assistant care manager told us they would ensure a DBS check was carried out as soon as possible.

The sisters told us that they felt there were sufficient staff on duty to assist them. One sister told us, "I feel safe because I know staff are always close at hand." Staff told us that inexperienced staff were on rota with skilled and experienced staff who could support them. We found that during the day there was always two experienced members of staff on duty with the registered manager as supernumerary. At night there were two waking members of staff on duty. The assistant care manager told us that occasionally there was one waking member of staff on duty with one sleeping, which was only when they were short staffed. Staff told us this felt safe for them. We observed that there were enough staff to attend to the sisters' needs and to be relaxed with them during our inspection visit.

The home had a policy and procedure on staff discipline and the assistant care manager explained a situation in which this had been used in the last year to ensure the sisters received safe and appropriate care.

We looked at the way in which medicines were managed. The home had a policy on the safe handling of medicines.

Good

Is the service safe?

Staff told us they were aware of this and we saw that they had up to date training so that they could handle medicines safely. The home used a Monitored Dosage System (MDS) with medicines supplied by Boots chemist. (A MDS is where medicines are pre-packaged for each person). We saw that medicines, including controlled drugs were recorded on receipt, administration and disposal. Recording for a chosen sample was accurate with correct coding used. Medicines which required refrigeration were stored appropriately and we saw that medicines were dated on opening when required.

All medicines including those which were not in the MDS were audited each month and any anomalies in recording were addressed with staff in one to one sessions and in meetings. We saw examples of medicine audits. The acting care manager and staff explained how the results of audits were used to support staff to improve the safety of their practice.

The assistant care manager told us that medicines were regulary reviewed. This was to ensure medicines were suitable and safe for current needs. Records of care planning reviews confirmed this. Staff were knowledgeable about individual's needs around medicines and any associated risks. For example they told us about pain relief medicines and how these were managed to make sure the sisters received effective pain relief whenever needed.

We saw records of training in infection control which were all up to date. Clear timescales were recorded for when this needed to be updated. We asked two members of staff about infection control and they understood what good infection control practice was.They referred to the use of aprons, gloves and the importance of hand washing when giving personal care to the sisters. We saw that the last environmental health inspection had been in January 2015 where very good practices had been recognised. The latest food hygiene rating was five which is the highest available on a score from one to five.

Good

Is the service effective?

Our findings

The sisters told us that staff were skilled in caring for them. One sister told us, " I can't fault them at all. You can give them 100%."

The sisters told us that staff explained things clearly and that there was never any difficulty in understanding one another. We saw that staff communicated with the sisters clearly at a pace and in a manner which helped them to respond.

We looked at staff induction and training records. Staff told us that they had received induction before they began their mandatory training. During this time they developed a good understanding of each individual's care needs and the philosophy of the home. Staff were knowledgeable about the needs of the sisters they supported and knew how their needs should be met.

Staff told us that new employees spent time shadowing a more experienced member of staff before they were permitted to work alone. This was to make sure they understood the sisters' individual needs and how risks were managed.

In addition to mandatory training, staff received specially sourced training in areas of care that were specific to the needs of the sisters at the home. For example, a number of staff had received training in dementia care. New staff without an NVQ level 2 in care commenced this training after induction and several staff had NVQ at level 3. The acting care manager told us that volunteers also received training and support in their role.

Staff told us that they received regular supervision and appraisals and we saw evidence of this in the staff records we reviewed. Staff told us this supported them to develop professionally and gave them support to give the care the sisters needed.

The home had links with specialists, for example with the community mental health team, specialists in diabetic care, nutrition, sight and hearing, pressure and continence care. This helped them to offer appropriate and individualised care. We saw that referrals for specialist input had been made promptly in discussion with each sister. For example, we saw referrals for specialist involvement from a neurologist, the dementia monitoring clinic, dental and optician appointments.

The assistant care manager told us they had strong links with local GPs and district nurses. We spoke with a health care professional after the inspection who had regular contact with the home. They told us that the staff were, "Very good, they listen to our advice and provide a really homely caring atmosphere for the sisters."

The assistant care manager told us they used feedback from GPs and other professionals to help them give the best care they could and staff confirmed that they actively sought external professional's advice. Records confirmed what they told us. For example we saw that professional advice about swallowing had been incorporated into a care plan and had been shared with the sister. They told us they understood and agreed to the advice being followed. We also saw that advice from the community mental health team had been incorporated into a plan.

Care plans included information about nutritional needs. There was some evidence of the sisters choosing their preferred foods and drinks. For example one of the sisters preferred camomile tea or blackcurrant juice to drink, and this was recorded in the care plan. One of the sisters had their food pureed and they were happy with the quality of this. However, there was little emphasis on choice, with alternatives only available due to need rather than preference. The vows each sister had taken emphasised obedience and service. Staff told us they respected the choice each individual sister had made to freely accept the rules of the order they had entered. This had an effect on the options open to them and required an adapted approach to person centred planning. The sisters told us that they enjoyed the food. Some of the sisters usually ate in the main Priory refectory. Other sisters who were not in a position to attend Priory mealtimes ate in the Infirmary lounge or in their rooms according to their choice.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that any decisions are made in the sisters's best interests. The assistant care manager told us that no applications had been made to the local authority for deprivation of liberty safeguards to be put in place because nobody met the criteria following the Supreme Court ruling. The ruling changed the way in which people living in care homes must be assessed when considering deprivation of liberty.

Good

Is the service effective?

Staff had received training in the MCA and DoLS and were able to talk about how to take the sisters' capacity into account when involving them in decisions about their care.

The sisters told us they were regularly asked for their consent to care. Care records showed that the sisters' consent to care and treatment was sought. None of the sisters living at the home were assessed not to have capacity to make any decisions about their lives. Where the sisters' mental capacity was compromised, care plans reflected how they were involved in the decisions they could make.

Good

Is the service caring?

Our findings

The sisters told us that all the staff and the assistant care manager showed them concern and empathy and that staff gave them time and listened to them. For example, one sister told us, “They provide a cheerful and charitable atmosphere.” The sisters told us that staff responded quickly when they asked for help. “They always knock on the door and wait for me to say come in.” This showed that the sisters were treated with respect and regard for their privacy.

A health care professional told us, “This home provides a great feeling of affection and support.”

We spent some time with the sisters in a communal area and observed there was a relaxed and caring atmosphere. The sisters were comfortable and happy around staff and there was kindness between them as they chatted. We saw that staff encouraged the sisters to express their views and listened with interest and patience to their responses. Staff gave the impression that they had plenty of time and spoke with the sisters who were sitting so that they were on eye level with them. They reassured the sisters with a touch on the arm or hand where this was appropriate. We observed that staff were talking with the sisters about their lives, who and what mattered to them and significant events. Staff were skilled in communicating with the sisters, anticipating needs and making the sisters aware of what their choices were. For example, we heard one member of staff speaking with one sister about a repair to their spectacles, and about visits they were planning to make.

Some of the sisters were able to express their views clearly but there were others whose voices may not have been so easily heard. The staff made efforts to make sure these the sisters’ views were heard and acted on. For example, staff told us they spoke individually to those the sisters who were withdrawn and preferred to spend their time in their room .

Staff spoke with enthusiasm to us about how they could improve the experience of care and compassion for the sisters. This included being proactive about making recognising when the sisters did may feel particularly sad or in need of extra attention. One member of staff told us. “Everyone deserves to be treated with kindness and care . If a sister becomes frustrated or agitated, we understand it may be because of their level of pain or anxiety and we respond to that.” Other staff also spoke about the recognition of each sister’s need for care and affection.

Staff told us about the way the sisters were cared for in their final days. They emphasised the need for close liaison with palliative care professionals, attentive monitoring to ensure the sisters did not suffer pain and how important it was to ensure the sisters had company at their beside. They also spoke about the importance of supporting the other sisters at that difficult time. When the sisters had Do Not Attempt Resuscitation plans in place these were correctly completed. We spoke with a health care professional who told us. “They are very good when the sisters reach their last days. It is as though they are caring for a member of their own family.”

Good

Is the service responsive?

Our findings

Sisters told us that the staff responded to their needs. One sister told us," I am fully involved in community life here, I work in the Priory and attend mass, I have this as a bolt hole and a place where I can rest." Another sister told us "We have such a laugh in here. It is so important to enjoy life- and as much as we can, we do."

We found that staff gave care in a personalised way. The sisters we spoke with each told us that they had worked with the registered manager and senior staff to draw up their care plans. Risk assessments were also agreed with each sister and the sisters told us that updates were made in consultation with them when risk levels changed.

The sisters gave a clear account of the care they had agreed to and we saw that written plans were regularly reviewed with the sisters' involvement. One sister had expressed a wish for smaller portions at meal times and staff told us they had responded to this request. The sister confirmed that they did not feel "so overwhelmed" by the meals now that this had been addressed.

The assistant care manager and staff described an approach which was focused on the individual. The emphasis was upon meaningful engagement which enhanced quality of life and helped the sisters feel worthwhile and fulfilled. Each sister had identified areas of interest within their care plan and was supported to pursue these. One sister told us about getting out for a walk around the grounds, and another told us about visiting another sister who lived in a care home within the area. It was clear that the sisters felt that their wellbeing mattered to the management and staff at the home. One sister told us they enjoyed the exercise group and the efforts made to include them in the life of the community.

The staff told us that they encouraged sisters in the main Priory to visit which they often did. This was particularly on Fridays when the Infirmary held its own mass followed by coffee and time for a chat. The sisters told us they enjoyed chatting with their fellow sisters at this time.

The registered manager had put plans in place to ensure that the sisters did not feel lonely in their rooms. Staff told us they had time to visit each sister if they preferred to remain in their room most of the time. The sisters also had a direct link with services in the main Priory which they could listen to from their rooms so that they did not miss out on this important part of their spiritual lives.

The registered manager had organised for a sister to have a page magnifier so that they were able to read clearly. The sister told us this was a great help. A sister had a radio with headphones which they told us they listened to " all day long" and which they told us helped them keep up to date with current affairs which they valued.

The sisters told us they would feel confident telling the staff if they had any concerns and felt that these would be taken seriously, though all told us they had never made any formal complaints. The staff told us that they encouraged the sisters to speak up if they had any concerns and confirmed that the sisters were confident to do so and often would tell them if improvements were needed.

Good

Is the service well-led?

Our findings

The sisters we spoke with confirmed that efforts were made to hear and act on their views. There was a real sense that the lines of communication between sisters and management were open, enabling and supportive. One sister told us, " They discuss everything with us."

Staff told us that the registered manager was approachable and supportive and that they were keen to listen to them and take their comments on board. The registered manager worked alongside staff so that any areas of concern could be quickly resolved. They told us that the culture values and ethos of the home was understood by them all and that the manager was clear about the need to constantly improve so that each sister was placed at the heart of care.

Staff told us that the registered manager actively sought their views both in meetings and informally, and that suggestions were appreciated and encouraged. The assistant care manager and staff all spoke about looking for ways to continually improve the quality of life for the sisters who lived at the home. Staff told us that since their activities coordinator had left improvements could be made to the opportunities sisters had for recreation. They told us the registered manager was actively seeking a member of staff who could take on an active role in this area.

Staff told us they felt valued and that every voice was respected. This included everyone who lived at the home, all staff, including ancillary staff, visiting health and social care professionals and visitors alike.

Staff understood the scope and limits of their roles and responsibilities which they told us helped the home to run smoothly. They knew who to go to for support and when to refer to the registered manager. The home had a core of staff who had been employed at the home for a long time. Sisters and staff told us this had helped to keep the running of the home effective.

Notifications had been sent to the Care Quality Commission by the service as required.

The registered manager carried out audits on areas of quality and safety within the home and we sampled the results of a medication audit, an infection control audit, and other checks associated with a safe environment. We saw written plans where the need for improvements had been identified; for example, where there had been occasional gaps in recording for the administration of medicines. The assistant care manager told us that the results of audits were discussed in meetings and informally so that all staff were made aware and any shortfalls were addressed to improve the overall quality of the service. Plans for improvements and progress towards achieving them were also openly shared with sisters who lived at the home. They told us they were kept informed, up to date and consulted.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.