Grace and Compassion Benedictines

Holy Cross Care Home

Inspection report

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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

Holy Cross Care Home provides residential accommodation for up to 60 older people within a spacious, purpose built property, situated within the grounds of Holy Cross Priory. Nursing care and residential care are provided on two floors. There were 54 people living in the service at the time of our inspection. They also provide personal care in the community. Only one person who lived outside the premises was receiving daily help with their personal care.

At the last inspection, the service was rated: good. At this inspection we found the service remained good and met all relevant fundamental standards.

Staff knew how to recognise the signs of abuse and how to raise an alert if they had any concerns. Risk assessments were centred on the needs of the individual. Each risk assessment included clear measures to reduce identified risks and guidance for staff to follow or make sure people were protected from harm.

Accidents and incidents were recorded and monitored to identify how the risks of recurrence could be reduced. Appropriate steps had been taken to minimise risks of falls for people.

There was a sufficient number of staff deployed to meet people's needs. Thorough recruitment procedures were in place to ensure staff were of suitable character to carry out their role. Staff received essential training, additional training relevant to people's individual needs, and regular one to one supervision sessions.

Medicines were stored, administered, recorded and disposed of safely and correctly. Staff were trained in the safe administration of medicines and kept relevant records that were accurate.

Staff knew each person well and understood how to meet their support and communication needs. Staff communicated effectively with people and treated them with kindness and respect.

At our last inspection, we found that people's care plans were not personalised enough to enable staff to meet their individual needs. At this inspection, we found that improvements had been made. Personal records included people's individual plans of care, life history, likes and dislikes and preferred activities. These records helped staff to deliver care that met people's individual needs.

People were supported to have choice and their independence was promoted by staff who understood people's individual needs. Staff supported people in the least restrictive way possible and the policies and systems in the service supported this practice.

The staff provided meals that were in sufficient quantity and met people's needs and choices. People told us they enjoyed the food. Staff knew about and provided for people's dietary preferences and restrictions.

People were promptly referred to health care professionals when needed. The activities provided were varied and met people's social needs.

The provider and the management team were open and transparent in their approach. They placed emphasis on continuous improvement of the service. There was a robust system of monitoring checks and audits to identify any improvements that needed to be made. The registered manager acted on the results of these checks to improve the quality of the service and care.

Further information is in the detailed findings below.

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 remains Good.

There was a sufficient number of staff deployed to ensure that people's needs were consistently met to keep them safe. Safe recruitment procedures were followed in practice.

Medicines were administered safely. There was an appropriate system in place for the monitoring and management of accidents and incidents.

Staff knew how to refer to the local authority if they had any concerns or any suspicion of abuse taking place.

Risk assessments were centred on individual needs and there were effective measures in place to reduce risks to people.

Is the service effective?

Good

The service remains Good.

The service was effective. Staff were appropriately trained and had a good knowledge of how to meet people's individual needs.

People were supported to make decisions by staff who sought their consent appropriately. The registered manager had submitted an appropriate application in regard to the Deprivation of Liberty Safeguards (DoLS) and had considered the least restrictive options.

People were supported to be able to eat and drink sufficient amounts to meet their needs and were provided with a choice of suitable food and drink.

People were referred to healthcare professionals promptly when needed.

Is the service caring?

Good

The service remains Good.

Staff communicated effectively with people and treated them with kindness and respect.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to. Staff respected people's privacy and dignity.

Appropriate information about the service was provided to people and visitors.

Is the service responsive?

Good

The service was Good.

At our last inspection, we found that people's care plans were not personalised enough to enable staff to meet their individual needs. At this inspection, we found that improvements had been made. The service was responsive to people's individual needs. People's care was personalised to reflect their wishes and what was important to them.

People or their legal representatives were invited to be involved with the review of people's care plans.

The delivery of care was in line with people's care plans and risk assessments.

Suitable activities were provided that met people's social needs.

People and their relatives' views were considered and acted on.

Is the service well-led?

Good

The service remains Good.

The registered manager actively monitored the quality of the care provided using a robust quality assurance system. This ensured that good standards were maintained across the service.

Emphasis was placed on continuous improvement.

The management team sought feedback from people, their representatives and staff about the overall quality of the service. They welcomed suggestions for improvement and acted on these

Holy Cross Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was carried out 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.

The inspection took place on 17 March 2017 and was unannounced. The inspection team included three inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was older people and dementia care.

Before our inspection we looked at records that were sent to us by the registered manager and the local authority to inform us of significant changes and events. We also reviewed our previous inspection report, and the Provider Information Return (PIR) that the registered manager had completed. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

We spoke with 12 people living at the service, three of their relatives and two visitors. People were able to converse with us; however two people had communication difficulties and were not able to. Therefore we also used the Short Observational Framework for Inspection (SOFI) for these persons. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed how care was delivered and how staff interacted with people.

We spoke with the director of care, the registered manager, two nurses, four care workers, the activities coordinator, the maintenance coordinator and one housekeeper. We consulted a local authority case manager who oversaw a person's welfare in the service, and one GP who visited the service regularly, to gather their feedback.

We looked at ten sets of records relating to people's care and their medicines. We looked at people's assessments of needs and care plans and observed to check that their care and treatment was delivered consistently with these records. We reviewed documentation that related to staff management and six staff

recruitment files. We looked at records concerning the monitoring, safety and quality of the service, menus and the activities programme. We sampled the service's policies and procedures.
At our last inspection in January 2015, the service was rated: good. We had requested an improvement to be made in regard to the personalisation of care plans.

Good

Is the service safe?

Our findings

People told us they felt safe living in the service. They said, "The staff are excellent; they answer bells quickly; there are alarms everywhere, I have one round my neck, by my bedside and in the bathroom, no risks are taken", "My wife is here now – she was in a dreadful place- now I have peace of mind" and, "If I need them in the middle of the night they are here in a flash." Relatives told us, "My wife fell and bruised herself; they now make sure she gets an air-bed and a special air cushion" and, "Every night they do security checks of the premises."

People were protected from abuse and harm by staff who had received safeguarding training and who understood the procedures for reporting any concerns. All of the staff we spoke with were able to identify different forms of abuse and were clear about their responsibility to report suspected abuse.

Thorough recruitment and disciplinary procedures were followed to check that staff were of suitable character to carry out their roles. All relevant processes were appropriately documented and fully completed. Therefore people and their relatives could be assured that staff were of good character and fit to carry out their duties.

Accidents and incidents were being appropriately monitored to identify any areas of concern and any steps that could be taken to prevent accidents from recurring. The registered manager carried out a monthly analysis of any accidents and incidents to identify any common trends or pattern, documented what actions had been taken, and reflected on their efficiency. One person had experienced several falls in the service at night time and they had been referred to their GP for a night time medicines review and to a falls clinic. As a result of a call bell audit, staff had been increased from five to six in the afternoons; and glass jugs had been replaced with plastic ones after two people had dropped them, to minimise risks of harm.

Individual risk assessments were in place for people who were at risk of falls, seizures or skin damage; who had bed rails; who self-medicated; and who may experience a decline in their mental health. Control measures to minimise risks were clear, appropriate and followed by staff in practice.

The premises were safe for people because the home, the fittings, the lifts and equipment were regularly checked and serviced. There was a comprehensive range of environmental risk assessments, and checks that had been completed to ensure that staff were aware of the steps they needed to take to keep people safe. As a result of a health and safety audit, slings had been replaced and window restrictors' settings had been changed. People had updated personal evacuation plans in place that took account of their needs in case of an evacuation. The service held an emergency contingency plan that was comprehensive, regularly reviewed and updated.

Repairs were undertaken in a timely manner and staff confirmed that they were able to get equipment repaired as and when required. A maintenance coordinator oversaw a team of three staff and effectively monitored all repairs until completion to ensure people were safe.

There were sufficient numbers of staff on shift to meet people's needs in a safe way. The provider had increased staffing levels taking into account people's specific needs. Staff confirmed there were enough staff to respond to people's needs. Staff had time to spend with people outside of their tasks. Staff rotas for the previous and current months indicated that the number of staff on shift was appropriate and we observed that people's requests for help were responded to without delay.

Medicines were managed safely in the home and people received their medicines in a timely manner and as prescribed. There was an appropriate system in place for the storage, administration and management of medicines. There were monthly audits of medicines practice, security and stocks, and weekly checks of controlled drugs (CDs). Staff acted in line with the service's medicines policy, followed correct protocols and completed medicines administration records (MARs) appropriately whilst dispensing medicines. CDs and medicines to be given 'as required' were appropriately administered. All drops and creams were dated on opening and their expiry dates monitored. The use of topical creams was guided by individual body maps and effectively recorded. The registered manager undertook annual staff competency checks in regard to the administration of medicines.

Good

Is the service effective?

Our findings

People and their relatives were complimentary about staff's effectiveness and capability. They told us, "The staff are very competent", "They ensure you are not left alone; when I was ill they sent for the GP and rang my daughter; they arrange for Age Concern to take you to appointments if there is no family available – there are no problems", "I have a key worker who is a nurse and I also have the local GP who knows everything about me; she brings a specialist doctor if necessary." A person told us, "I wasn't expecting a visitor today; however the chef said he would prepare my visitor's meal at short notice." The visitor told us, "It's like living at The Ritz." All feedback about the food provided was very complimentary, using terms such as, "wonderful", "tasty" and, "excellent."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). All appropriate applications to restrict people's freedom had been submitted to the DoLS office as per legal requirements. The manager had considered the least restrictive options for each individual.

Consent to care and treatment was sought in line with the law and guidance. Processes were followed to assess people's mental capacity for specific decisions, for example when a person did not wish to live in the service and when it was unsafe for them to return home. Meetings to reach decision on behalf of people and in their best interests were carried out appropriately.

People received effective care from skilled, knowledgeable staff. Staff received an appropriate induction that included shadowing more experienced staff until they could demonstrate their competence. Newly recruited staff studied to gain the 'Care Certificate'. This certificate was launched in April 2015 and is designed for new and existing staff, setting out the learning outcomes, competencies and standard of care that care homes are expected to uphold. Over 50% of care staff had gained or were studying for a diploma in social care.

All staff received regular one to one supervision sessions and were scheduled for an annual appraisal of their performance. Staff were up to date with essential training that included 'person-centred care', and attended regular refresher courses. Additional training was available and encouraged, such as, 'communicating effectively', 'death, dying & bereavement', and compassion awareness'. Further training was selected in accordance to people's specific needs, such as, 'epilepsy', 'stroke care' and 'continence promotion'. Training on a particular syndrome had been offered to staff, as a person lived with this condition. Two members of care and nursing staff told us, "I am doing my NVQ and all of the staff have offered me support. I have done all my mandatory courses too. The support here is really good" and, "The staff are hard-working and conscientious; I get lots of support and feel very valued." There were leads in specialities such as in infection control, dignity, continence and care planning, who offered guidance to staff when needed.

People were supported to eat, drink and maintain a balanced diet. Staff sat with people who needed help or

encouragement to eat, in the dining room and in their bedrooms. People were allowed to eat at their own pace and were gently encouraged when appropriate. Alternative dishes were offered to people when they required this. The catering staff knew of people's food allergies, specific dietary requirements and preferences. Staff were able to describe to us who needed support, the type of food they favoured and how they liked their food served. People told us, "The chef talks with us every day, he is very involved and keen to please us" and, "They make sure there is an alternative if you don't like the printed menu; I ordered yoghurt today although it was crumble and custard or fruit and ice cream on the menu." Hot and cold beverages with snacks or cakes were offered to people throughout the day.

People were supported to maintain good health. People were weighed monthly or weekly when there were concerns about their health or appetite and their food and fluid intake was recorded and monitored. They were repositioned regularly in bed when there were concerns about their skin integrity. People were routinely offered influenza vaccinations.

Access to healthcare professionals was effectively facilitated. People were referred appropriately to specialised clinics, three local GPs, speech and language therapists (SALTs), occupational therapists, dieticians, and a mental health community team. A person had been referred to an occupational therapist for a new shower chair; another person had been referred to a SALT team when they had a cough which may interfere with their swallowing ability.

The premises had been designed and adapted to meet people's needs. Each bedroom was large, comfortably furnished, with en-suite facilities. Corridors were wide and included sturdy banisters for people to use when moving around. The dining rooms and lounges were inviting and spacious. The reception area included a small shop, a hairdressing salon and a comfortable lounge. There was a post box, a well-stocked bar, a reminiscence corner, a music room, a cinema room, library corners, and rooms to accommodate visitors who may need to stay overnight. A 'central activities area' included ample materials and computer equipment. There was ample choice of quiet sitting areas throughout the service, conservatories and landscaped gardens that included raised flower beds for easy gardening and a bowling green. A person told us, "This place is beautiful, magnificent."

Good

Is the service caring?

Our findings

All the people and their relatives we spoke with told us that they liked the staff and described them as, "Absolutely lovely", "Very considerate" and "The very image of kindness." A person told us, "The nurses are particularly caring; I had blood samples this morning. Rather than cause me any distress the nurse said 'If I can't find the vein first time I will leave it and come again later." Two relatives told us, "My wife's care is exceptional; one carer went up to London and brought her back the fruit pastilles she loves"; "They have a wonderful team from reception to maintenance and cleaners – they all work and support each other" and, "You could not find better care anywhere else – they are gentle, caring and fun."

Positive caring relationships were developed between people and staff. Staff addressed people respectfully and with kindness throughout our inspection. People were encouraged, praised and appropriately conversed with during mealtimes and activities; appropriate banter was part of conversations. A person told us, "The staff are more than staff, they have become my friends."

Staff spent time with people and gave them one to one attention. They ensured people were comfortable and offered explanations ahead of any interventions, such as when using equipment to help them move around. Staff promoted people's independence and ensured walking aids were provided when necessary. They were encouraged to do as much for themselves as they were able to. People used a weekly bus service and visited the local town for shopping and recreation. Attention was paid to enhance people's experience in the service. People's wishes were respected, such as having a late breakfast or remaining in bed.

People were involved in decision making about their care and treatment. They participated in an initial assessment of needs, care planning, and reviews of these needs when changes occurred. Before any review of care plans, each person's family was invited to participate by the deputy manager, with people's permission. Some families who lived abroad participated via email or face to face via the internet. A person told us, "I am asked regularly if I want anything changed to the way my care is provided." People were well informed about the service, menus and upcoming events and meetings.

Staff promoted people's privacy and respected their dignity. People could have a bath as often as they wished; staff knocked on people's bedroom door and announced themselves before entering; People's continence needs were met quickly and in a discreet manner, as staff helped people use the toilet facilities, drew curtains and closed doors while helping them with any personal care.

People could be confident that best practice would be maintained for their end of life care. When people had expressed their wish regarding resuscitation or had made any advance care planning, this was appropriately recorded and acted on. Staff received training in advance care planning, venepuncture (a medical procedure to withdraw a blood sample or for an intravenous injection) and in the use of syringe drivers (a device used to administer medicines slowly). The nursing staff were effectively supported by two local hospice palliative care specialist teams who offered specialist guidance when needed. This meant that pain management was appropriately planned and delivered.

Good

Is the service responsive?

Our findings

People and their relatives told us that they felt involved in the service and that staff were responsive to their needs. They told us, "Everything is perfect here, you only have to ask and the staff are there; they know what I need", "We are kept well occupied if we want to be; outside entertainers come in, singers, pianists, clarinet players, it's all very jolly" and, "You cannot fault them at activities, there is a lot going on." A GP told us, "The staff understand people's needs and know how to respond."

At our last inspection in January 2015, we found that people's care plans were not personalised enough to enable staff to meet their individual needs. At this inspection, we found that improvements had been made. People received personalised care. Their care plans included their likes, dislikes and preferences about food, activities, routine and communication. Care plans were comprehensive, person-centred and detailed. They included vital information about their life history, their favourite memories, special interests, and people and places that were important to them.

People's individual needs were outlined in specific care plans, such as for people who lived with memory loss; with a bone weakness that increased the risk of a broken bone; with a long-term mental health condition; with seizures, and who favoured particular sleep patterns. The care plans included specific instructions for staff. Staff were aware of these and implemented these in practice. For example, they knew that a person wished to be woken up at 5.45am, and followed a particular routine of their choosing; they were aware of a person's special interest in pets and how they enjoyed looking at pets photographs; and how to communicate with a person who had an inability to comprehend and formulate language because of damage to specific brain regions.

Care plans were reviewed and updated monthly or when the need arose, in participation with people and their relatives when appropriate. A person told us, "I have seen the care plans for myself and wife; I discuss them with the manager or nurse every six weeks; I sign them if changes are necessary." Two care plans had been reviewed and updated with recommendations from a speech and language therapist (SALT) and a chiropodist following their visits; another, when a person needed repositioning in bed to minimise risks of damage to their skin. Staff followed the recommendations in practice.

The service coordinated with other services such as GPs, occupational therapists, SALTs, chiropodists, ophthalmologists, physiotherapists, two hospices' palliative care teams and specialist nurses when people's needs increased. Reviews of people's care were held in partnership with the local authority when appropriate and the service liaised with hospices and hospitals to ensure a successful transition. Updated information about people's needs was provided to other services to ensure continuity of care.

Staff ensured that risks of social isolation were reduced. People were occupied with daily activities that took account people's wishes and interests. An extensive programme of daily activities suitable for older people including those living with memory loss was led by an activity coordinator, in consultation with people and their relatives. Activities included 'zumba', bingo, reminiscence games, a film club, short mat bowling, singing, chair yoga, and groups for poetry, bridge, snooker ,scrabble, 'knit and natter' and 'yarn craft'.

External entertainers such as bell ringers, singers, musicians, and a visiting animals' service came to the service regularly. Staff engaged in one to one activities sessions with people who remained in their bedroom. A person told us how they enjoyed one to one activities sessions, choosing to talk about Japan which was particularly significant to them. Themed coffee mornings, afternoon teas and cultural afternoons were organised. People could attend mass, an Anglican service, evening prayer and songs of praise regularly. Outings were scheduled to country markets, garden centres, pubs and local towns. Birthdays were celebrated, including birthdays of contemporaries who may be significant for people (such as Vera Lynn's).

People and their relatives were actively involved with the running of the service and consulted. They were invited to participate in 'residents meetings' where they could make suggestions about food, activities, outings or any other aspect of the service. They had suggested abandoning a key workers scheme as they preferred a nurse allocation system and this had been implemented; they had selected art work to adorn the communal walls and their wish had been respected. People attended staff meetings, and were part of interview panels for job applicants. A relative told us, "Everyone can have a say about anything and will be listened to."

People, their relatives and staff participated in quarterly satisfaction surveys, the results of which were used to drive improvement in the service. As a result of a survey, menus and the activities programme had been enhanced to include special requests; box hedges had been 'smartened up'; a television level had been lowered; and an option of removing a dividing wall in the dining room had been discussed at the 'residents meetings'.

Good

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People, their relatives and staff told us they appreciated the registered manager's style of management. Staff told us, "She is very approachable; open to suggestions, if you have ideas on how to improve things she takes them on board", "The manager really does listen, she is so supportive of all the staff and she really knows each one of the residents." People described the manager as, "Lovely", "interested in all of us", and, "Running a good ship." The registered manager was also a registered nurse and worked alongside the staff on several shifts. A member of care staff told us, "She rolls up her sleeves, she understands the work we do."

The registered manager was visible in the service. They operated an open door policy and were doing a daily 'walk round' of the premises to check the daily running of the service, ensuring people were conversed with and attended to. The registered manager actively keep abreast of any developments relevant to social care, attending specialist conferences, researching websites and subscribing to specialised publications. They shared their findings and discussed all aspects of the service with staff through monthly and quarterly meetings with care workers, nurses, heads of departments, the director of care and participated in forums with managers of sister homes.

The service ensured that quality of care was maintained through an effective monitoring system. The director of care, the registered manager and deputy manager placed emphasis on continuous improvement. They followed a comprehensive auditing and monitoring plan that scheduled audits for the year ahead. As a result the registered manager wrote action plans and monitored each action that had been identified until completion. An audit of infection control had led to staff being reminded to remove nail varnish and jewellery while doing clinical work; a medicines audit had led to documentation regarding protocols for medicines to be taken 'as required' to be improved; and a call bell audit had led to an increase in staffing levels. Improvements in the service were continuously carried out. Recently, four bedrooms and the dining room had been redecorated; new carpets, new slings and door guards had been purchased and fitted.

A positive person-centred culture was promoted by the provider, the management team and the staff. A member of staff told us, "This place is unique, it is a community and we are a family." The registered manager told us, "All we provide is based on respect and on listening to people; our residents are involved in decision making for all aspects of the home."

Links with the local community were actively promoted. The service welcomed tenants who share the grounds of Holy Cross Priory at any time, and people were able to enjoy the Priory's facilities for recreation and activities. This encouraged social interaction and promoted a strong community spirit. A relative told us, "This place is ever so popular, an excellent place to live."

The provider and the management team sought feedback from people, their representatives and staff about the overall quality of the service. Satisfaction surveys were carried out quarterly, for people, relatives, visitors and staff. All feedback was very complimentary about the service, the staff and about how it was run and organised. Each survey was followed with an action plan which was implemented. A survey on food had led to gravy being served besides people's plates so they could pour it themselves and to their liking. People were aware of how to complain and of the procedures to follow. One verbal complaint about a member of staff had been addressed appropriately; additional training and supervision of this member of staff had been provided. A relative told us, "If you have a complaint which you bring to their attention at the 'Residents meeting', they put it on the notice board so you can see how they are putting it right."

All documentation relevant to the running of the service and of people's care was very well organised, appropriately completed and updated. Policies were bespoke to the service, easily accessible to staff, and continually updated by the registered manager to reflect any changes in legislation. Records were stored confidentially, archived and disposed of when necessary as per legal requirements. The service notified the Care Quality Commission appropriately about any significant changes and events.