

Convent of the Sisters of Charity St Vincent's

Inspection report

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Date of inspection visit:
19 September 2017
20 September 2017

Date of publication:
18 October 2017

Ratings

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

Summary of findings

Overall summary

This inspection took place on the 19 and 20 September 2017 and was unannounced. We last inspected St Vincent's on the 27 and 28 May 2015 and rated the service as Good overall. Safe was rated as Requires improvement due to the administration of people's medicines without them knowing not being as robust as needed to ensure they were safe and in line with guidance. We had recommended the registered manager review their practice in line with current guidance. Effective, Responsive and Well-led were rated as Good. Caring was Outstanding. On this inspection we found all concerns in respect of people's medicines had been met.

St Vincent's is a nursing home that can provide care up to 25 older people. On this inspection, 22 older people were living at the service.

A registered manager was employed to manage the service locally. 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.

On this inspection, we have continued to rate the service as Good.

Why this service remained Good:

On this inspection, we found that the home was rated Good in respect of delivering care that was safe, effective, responsive and well-led. Caring continued to be rated as Outstanding.

People continued to receive care from staff who were knowledgeable and had the skills required to support them. Staff were competent and trained well. People had the support needed to help them have maximum choice and control of their lives in the least restrictive way possible. Policies and systems in the service supported good practice. People's wellbeing and healthcare needs were monitored by the staff and people accessed healthcare professionals when required.

People, visitors and professionals all described the care in outstanding terms. One person said of the staff, "Diamonds, I call them. They do everything for the patients' comfort." People's end of life care had been re-accredited by the local hospice and was described to us as of a 'gold standard' by staff specialising in palliative care. A relative whose mother had died in the home earlier this year said, "I could not fault the end of life care given to my mum and our family".

We observed staff being patient, responsive and extremely kind. There was a calm atmosphere in the service. People's privacy was respected. People, where possible, or their representatives, were involved in decisions about the care and support they received. People new to the service were supported emotionally and involved in deciding how they wanted their treatment needs to be met.

Care people received was personalised and was responsive to people's individual needs. Each person was able to make choices about their day to day lives. Any concerns or complaints were quickly acted on and investigated. People were supported to take part in a range of activities according to their individual interests. People's faith and cultural needs were respected and met.

The service is well led. People and staff told us the registered manager was approachable. The registered manager and provider sought people's views to make sure people were at the heart of any changes within the home. The registered manager and provider had monitoring systems in place which enabled them to identify good practices and areas of improvement.

Further information is in the full report which the registered manager will be available to give you a copy of or it can be found on our website at www.cqc.org.uk

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 has improved to Good because the registered manager had ensured the management of medicines were now safe.

Is the service effective?

Good ●

The service remained effective

Is the service caring?

Outstanding ☆

The service continued to deliver outstanding Care.

Is the service responsive?

Good ●

The service remained responsive.

Is the service well-led?

Good ●

The service remained well-led.

St Vincent's

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.

The inspection took place on the 19 and 20 September 2017 and was unannounced.

The inspection team was made up of one inspector, one specialist nurse in the care of older people 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.

Prior to the inspection we reviewed the information held on the service such as notifications that told us about specific events registered people have to tell us about. We also reviewed the Provider Information Return (PIR) which 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.

During the inspection, we spoke with 12 people and four visitors/relatives about their experience at St Vincent's. We reviewed the care of seven people in detail and checked they were receiving the care as expected. We sat with people at lunch on both days and completed a Short Observational Framework for Inspection (SOFI) during lunch on the second day. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also observed how staff related to people.

We spoke with nine staff, reviewed three personal files and their training. We reviewed how the registered manager was ensuring staff training, supervision, appraisals and competency were being planned and taking place. We spoke with four health and social care professionals and one trustee. The registered manager, business manager and administrator were present to answer our questions.

We reviewed how the registered provider and manager were ensuring the safe running and quality of the service. This included records of how people and staffs' view was sought.

Family members have completed four questionnaires about the service.

Is the service safe?

Our findings

During our previous inspection on the 27 and 28 May 2015 we rated the safe section to be requires improvement. This was because, the administration of people's prescribed creams, as required medicines, and giving people their medicines without them knowing it was happening, were not as robust as needed to ensure they were safe and in line with guidance. We had recommended the registered manager review current guidance to ensure compliance with the latest advice. We found the concerns had been met during this inspection.

People received their medicines safely from staff who had completed medicine training. There were instructions to show when these medicines should be offered to people. People's medicines were only administered in accordance with the instructions of the prescriber. Current policy was adhered to and staff had their competency checked to ensure they continued to be safe. An audit was completed each month to ensure the administration of medicines remained safe. Issues were put right and staff were encouraged to be open about any incidents to ensure learning could take place. This meant practice was constantly checked to keep people safe.

One person said, "I have never had a problem with my medication" and another, "My treatment is very good".

People had risk assessments completed to make sure people received safe care and to promote their independence. We found there was not a formal risk assessment tool for people at risk of choking, using blood thinning drugs and are living with diabetes. However, the assessments were written in the care plans and staff told us how they kept people safe. Choking and blood thinning risk assessments were in place before the end of the second day of the inspection. The registered manager had identified those who needed a risk assessment in respect of diabetes. They started to make sure these were completed during and immediately following the inspection.

There were regular checks of the environment and the equipment people used. We found one radiator in a corridor was not covered and although not currently in use could be switched on. This was not as cool as other radiators were. This radiator was put out of action while a decision was made about how to keep people safe. Records showed not all water temperatures were safe and a scalding risk. These were put out of action during the inspection and put right by a qualified plumber the day following the inspection. New systems to ensure all heated surfaces and water temperatures were safe were put into place.

People told us they felt safe living at the service. Family members also said they were confident their loved one was kept safe from abuse. To minimise the risk further for people, all staff undertook training in how to recognise and report abuse. Staff said they would have no hesitation in reporting any concerns to the registered manager and were confident that action would be taken to protect people.

People said, "I feel very safe in here"; "There is no reason I can see why we should feel unsafe" and, "I feel very safe in here – no troubles at all". A family member said, "I am happy my [relative] is in here".

A staff member said people were safe "because we really care" and, "The staff are very proactive in looking for things out of the ordinary, even slight changes that might affect our residents." They also confirmed that safeguarding training was high on the agenda adding, "We want to make sure people feel safe for example – when they go out."

There were sufficient numbers of staff employed to keep people safe and make sure their needs were met. Throughout the inspection we saw staff met people's physical needs and spent time chatting and enjoying each other's company. Some people preferred to stay in their room, but told us they never felt lonely as staff would come and have a conversation with them. Staff said additional staff were made available if they were needed to help people with appointments, for example hospital visits, or if someone was poorly and needed more staff time to look after them.

The risk of abuse was reduced because there were suitable recruitment processes followed for new staff employed. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. Staff were not allowed to start work until satisfactory checks and employment references had been obtained. Staff told us that staff were recruited carefully to ensure they had the right values for the service. Staff only completed their probationary period if they continued to be suitable for the service. Staff and people's view was requested before staff were made permanent members of staff.

One person said, "Many of the staff are very special; they seem to be able to attract very special staff".

People were protected from the spread of infections. Staff understood what action to take in order to minimise the risk of cross infection, such as the use of gloves and aprons and good hand hygiene to protect people. The service had their food hygiene inspected during the inspection and, was rewarded five stars for their food and kitchen practices.

Is the service effective?

Our findings

At the last inspection in May 2015 we rated this area as Good. At this inspection, we have continued to rate the service as Good in this area.

People were supported by well trained staff. Staff said they had plenty of training and in subjects relevant to the people who lived at the home, for example dementia care. Staff felt training was important to the service with some staff taking on Champion roles for which they received dedicated training. All staff were trained in safeguarding, dementia awareness, looking after people at their end of life and understanding the Mental Capacity Act. This meant staff who carried out non care roles could also understand people's needs and how to ensure they met people's needs as part of the wider team.

One person told us, "All the staff are competent, I feel safe with any of them. I am happy to have my life in their hands."

One staff member said, "We get offered lots of different training. Training is good and gives insight into how practice changes. There is always something new" and another, "We are always doing training".

People had their health monitored to make sure they were seen by healthcare professionals to meet their specific needs as required. There was one main GP surgery linked to the service but people could keep their own GP if they required. There was involvement from a range of health staff to assess and give advice and guidance on people's needs.

A relative told us, "Yes, I am confident that all health needs are met and that a GP will be called".

People said they were able to make choices on the food offered. Menus were displayed showing at least two choices per day. Where there were concerns about a person's hydration or nutrition needs, people had food and fluid charts completed. Meals were provided in accordance with people's needs and wishes. The staff followed advice given by health and social care professionals to make sure people received effective care and support. Staff went that extra mile to ensure people had exactly what they wanted to eat at that time. One member of staff said they scoured the shops in their own time for different options for one person who had been very poorly and expressed a desire for certain foods. The person confirmed they had been given exactly what they fancied to entice them back to eating adding, "For breakfast they say 'What do you want? They give you what you want and how you want it". They were now putting on weight and were enjoying a range of foods again.

Comments we received included, "We don't have the same every day, the variety is very good and done with imagination"; "We have plenty of snacks and drinks – couldn't be better"; "The food is very wholesome here – all home cooked. I love the way they make the soup" and, "if you're not wanting something, they will try to tempt you with something else – they're as good as gold". "You'd have a job to complain about the food here"

A relative said, "The food here is lovely and his needs are met due to the fact he struggles to eat at times."

We rechecked the service was working within the principles of the Mental Capacity Act 2005 (MCA) and conditions on authorisations to deprive a person of their liberty were still being met. 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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff were trained in the MCA and DoLS legislation. The registered manager and all staff were extremely knowledgeable about how this applied to their work. People's right to consent to their care and treatment was constantly reviewed and their human rights respected. People were given every opportunity to consent to their care and treatment and the staff ensured people had the right to think about this and what was best for them. Staff supported people to make choices about what they wanted to do with their day. Staff were observed allowing people to have time to respond in their own time. One person said, "All staff are spot on; they always ask what I want and if I am ready."

People continued to have their capacity to consent to their care and treatment assessed in line with the MCA and DoLS as required and the providers' policy and procedures supported staffs practice. Best interests' decisions were made with family and relevant professionals. People's care plans detailed what staff had to do for people when they could not consent. Appropriate professionals were consulted and DoLS applications made for people who required this to keep them safe. These were awaiting authorisation by the local authority designated officer. In the mean time staff were ensuring they were using the least restrictive practice for people. Families were fully involved in this process.

One staff member said, "I make sure everyone is offered choice; if they have the capacity or not" and another, "I always ensure choice. For example, in respect of what people want to wear. I offer them choices one at time. I will hold up a skirt and trousers for [person's name] so they can choose and then offer more than one choice of a skirt for example."

The building continued to be maintained to a safe standard ensuring it was accessible and suitable for people to move around regardless of their physical ability. Quiet areas were available for people to sit who did not want to sit in a lounge with others. The garden was also accessible for people to walk in or sit in shade.

Is the service caring?

Our findings

At our last inspection in May 2015 we rated this area as Outstanding. We continued to find that people were cared for in an Outstanding way.

People, their family and professionals continued to describe the staff and how the service cared for people in outstanding terms. For example, one person said, "It's wonderful. It's not an ordinary atmosphere; this is one of the best, if not the best". Also others said, "If it wasn't for the staff, I wouldn't be here now. They helped me. They've been absolutely wonderful. They are 100 per cent; what you want you can have. I can have a bath two to three times a week" and, "I am really blessed; one member of staff [my keyworker] has become very special. I always recommend this place to everyone who comes to look round; the care is exceptional".

Everyone said they felt special to staff who always treated them with respect and ensured their dignity was protected. Staff were noted to be relaxed and not rushed. They knocked prior to entering a room. Signs were used on the door to inform individuals that care was being given. One person told us, "It's the little things they have done to make things work; putting the Wi-Fi upstairs so I can use my [electronic tablet] and putting my TV on a stand so I can see it when I am in bed. It is a home; I can't explain it any other way."

Family continually told us they felt their loved one was cared for by exceptional staff in outstanding terms. Examples included, "Staff are all friendly and compassionate in their care; I have not found any needs for improvement. The atmosphere is just lovely from the moment you enter the building. Just everything [makes my loved one feel special]; my father is treated so well"; "The home is homely and how the staff interact makes my [relative] feel so special" and, "The atmosphere in the home is homely, friendly and lovely. All staff treat mum with respect; the staff are fantastic. They make mum's stay wonderful".

People's needs were met seamlessly. All staff knew people well. We observed staff were very responsive to people's emotional and care needs. People in the lounges and their rooms were checked in with by staff appropriately providing support with times of being humorous, quiet and just sitting with people all evident. People living with dementia had their care needs met by staff who knew how they would have wanted their care delivered if they could say. People were identified quickly when they need extra reassurance, were cold and needed an extra layer of clothing or blanket or might need a lie down after a busy morning.

People's end of life choices were sought in advance so the service knew how people wanted to be cared for. People were supported to meet their dreams and desires in life so that at the end of their life they had no regrets. Family and those with power of attorney, were fully involved in the process and embraced by the staff team so they were able to say goodbye to their loved one in a special way.

How the service met people's end of life needs had been re-accredited to demonstrate they continued to meet people's needs to a nationally accepted standard. They had been accredited by the local hospice having completed the Six Steps for Quality End of Life Care. Being accredited meant they had met the required standards to ensure no one dies alone, in pain or in distress. People received care that was

dignified, in line with their choices and comfortable. All staff were trained in understanding and meeting people and their family's needs at this time. This included staff in non-care role. The registered manager was the service's End of Life Champion and she oversaw the care planning and meeting of people's needs. Staff were also supported when people died who they were fond of and had spent so much time caring for.

Comments received from relatives whose loved ones had passed away included, "Thank you so much for your kindness, support and guidance to us all during [our relative's] illness and end of life. You were professional, kind and caring throughout"; "We just wanted to thank you for the care and humility you gave to our mum. It was very comforting to us all to know mum spent her final days in such a caring place"; "To all who cared for darling husband, and also the ones who spent time just having a chat with him. His passing was so peaceful and without distress. I was blessed to have been with him as I wanted" and, "I cannot speak highly enough of the professional and caring way in which you administered to my father's needs – you are doing a fantastic job."

A staff member said, "We stay with the residents as long as the family want until they pass and we make sure they have as much time as possible together."

A professional explained they had a very strong relationship with the service and that St Vincent's takes regular palliative care admissions, many of which were receiving complex care. The professional stated, "I would always choose this home first, there is peace and quiet. It is always my first choice for gold standard of care".

Is the service responsive?

Our findings

At the last inspection we rated this section of the inspection as Good. We continued to find the service to be good in respect of being responsive.

People were supported by staff who were responsive to their needs and people told us their individual needs were met. All staff were very knowledgeable about the people they were looking after. From the registered manager to the staff in the kitchen, they were able to tell us about the small, personal details about people's needs and how these were to be met. In doing this, they were ensuring the care was as person centred as it could be.

Everyone knew they had a care plan in place and were happy this represented their needs. One person said, "Every one of the staff are so kind. They really know me. They get to know my likes and dislikes and treat me as an individual".

People had a detailed pre-admission assessment completed before they were admitted to the service. The service made sure they had the right staff with the necessary skills and any equipment needed before a person would move in. People's medicines, likes and dislikes and next meals choice were checked straight away. Staff completed the "This is me" document with people and their family so they could get to know the person. Staff then ensured the person was settling in and had everything they needed to feel welcomed. People had care plans in place within 24 hours and these were reviewed at the end of the first week and then monthly. People were allocated a key worker and lead nurse; they were given their name and photograph so they could recognise them.

People on short stay had their needs met in a personalised way. They quickly had relevant care plans and risk assessments in place. Staff were clear of the goal for each person which was discussed with them and relevant professionals. This meant people had the right support from staff to, for example, regain their independence, mobility and health to go home.

The needs of people living with dementia were met in a personalised way too. A number of people were living with dementia. Staff had known some prior to the condition advancing and had maintained careful records so were able to continue to provide care as that person would want.

We identified some of the care recording did not always represent the care in the exemplary way it was being delivered. We spoke at length with the registered manager and business manager about this. They told us they had identified this in their audits. Staff had received extra training, guidance and support. We saw this had been discussed in staff and management meetings. Plans were in place to look at this further with individual staff. One care record we had concern about was rewritten and in place by the end of the inspection; the person and relative were fully involved and consulted.

People took part in a variety of activities. People were supported to be physically and mentally active by a dedicated member of staff and staff in general. Activities were advertised by use of pictures and words so

everyone could select what they wanted to do. People who chose to stay in their rooms had times set aside for them to sit and chat or complete an activity in their room. People's faith and cultural needs were respected and met. One person said, "They spend time with you here. One of the residents cannot speak and yet they treat her as though she can."

People's complaints and minor concerns were picked up and addressed quickly. No one had had any concerns or complaints but all said they would have no hesitation bringing up matters with any one of the staff or management. Where complaints had been made these had been investigated and responded to. The registered manager had taken action to make sure changes were made if the investigations highlighted shortfalls in the service.

Is the service well-led?

Our findings

At the last inspection we rated this section of the inspection as Good. We continued to find the service to be good in respect of being well-led.

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. The provider had charitable status and was overseen by a number of trustees.

The registered manager was supported in the day to day running of the service by a business manager and administrator. They demonstrated they had a deep respect for each other and worked well together. Everyone was clear of their role and accountability. We found them knowledgeable about people and their needs. They always greeted relatives by name and asked after their welfare. They supported the inspection and were able to answer any queries and located any record we requested. Any small issue we raised was immediately resolved and systems amended to ensure it could not happen again. Feedback was taken as a possibility to learn and drive the service to improve further.

The quality of the service continued to be monitored. The registered manager was visible in the service. There were effective quality assurance systems in place. There were regular audits of the property and care practices which enabled improvements to take place for everyone to enjoy. The registered manager and provider sought people's views to make sure people were at the heart of any changes within the home. The registered manager and provider continued to complete audits on aspects of the service and ensure lessons were learnt. Staff knew the outcome of these and practice changed accordingly.

On staff member said, "The registered manager is very experienced and supportive" adding that supervision and appraisals were carried out along with the registered manager audit areas of the service and then use reflective discussions to review the outcome.

People told us the management in the service were always approachable. One person said, "The management here is first class" and everyone said they were comfortable bringing any concerns to the management if that was ever needed. They, their family, professionals and staff were asked their view of the service by regular questionnaires. Action was always taken to address any negative comment no matter how minor the issue.

One relative said they saw the registered manager and/or provider on almost every visit adding, "Staff have always been keen to listen to any concerns I might have."

The registered manager was very person centred in her approach and values and this was made important for all the staff regardless of their role. They attended the local Dignity in Care Forum and registered manager sessions organised by the local authority. They strove to keep themselves up to date and ensure

they received letters and correspondence from a range of sources.

Staff felt supported by the registered manager in their role or had a member of the senior management team who they could approach for support and guidance if needed. One staff member said, "[The registered manager] is really good; she always had time." Staff felt valued as they were always thanked and received vouchers that said thank you too.

The provider had systems in place to make sure the building and equipment were maintained to a safe standard. These included regular testing of the fire detecting equipment and hot water and servicing of equipment.