

The English Province of The Congregation of Our Lady of Charity of the Good Shepherd CIO

St. Euphrasia's Care Home

Inspection report

116 Chain Road
Blackley
Manchester
Greater Manchester
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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

About the service

St Euphrasia's Care Home is a residential care home providing personal care to Sisters of the 'Good Shepherd', a religious order of women in the Roman Catholic Church. The care home is linked to the Good Shepherd convent situated next door. It is a single storey building with 14 single rooms, five of which provide en-suite facilities and is based in Blackley, Greater Manchester. At the time of the inspection there were 11 people living in the home.

People's experience of using this service and what we found

People reported feeling very safe and cared for in the home. Staff were knowledgeable about safeguarding people and when to raise concerns. People received their medicines safely and recruitment practices were safe. The home was clean and staff understood their infection control responsibilities.

People told us that staff were responsive to their needs. There was excellent feedback about the food. An established team received training to carry out their roles effectively and there was no agency staff being used. The environment was dementia friendly and people were supported to make their own decisions.

People we spoke with told us that staff were kind and caring and that they were treated with dignity and respect. We observed staff that were committed to their roles and were responsive to people's needs and promoted their independence.

Care was person centred and people were supported to access health and social care professionals when they needed to. People's spiritual needs were met and there was good feedback about the home's routines and the activities provided.

The home was managed by a registered manager who was respected by staff and valued by the people who lived in the home. Staff reported a high level of job satisfaction. There was an open transparent culture that supported good practice and there was good communication in place with people, families and staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 31 May 2019).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

St. Euphrasia's Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also sought feedback from partner agencies including the local authority. We used all this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with six members of staff including the registered manager, senior care workers, care workers and a pastoral sister. We also spoke to one visiting professional to gain their views of the care provided.

We observed care throughout the inspection and reviewed a range of records. This included two care records, medication records, two staff recruitment files and a variety of records relating to the management of the service, including policies and procedures, health & safety records, training records, meeting minutes, surveys and audits were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe and were able to raise any concerns they might have. People told us, "Oh yes, I feel very safe", "Absolutely and completely" and "Yes. I would speak out if needed".
- Staff were aware of how to recognise a potential safeguarding issue and understood their responsibility to report any concerns. They were confident the registered manager would respond appropriately to any concerns raised.
- The home had reported any safeguarding concerns in line with local authority guidance.
- The home had a whistleblowing policy in place and staff were confident to report any poor practice if required. Staff told us, "Yes I would whistle blow. The policy is accessible, and the contact numbers are in the staff room".

Assessing risk, safety monitoring and management

- The home had effective systems in place to ensure that all areas of the home were safe. This included up to date safety certificates for gas and electric, hoists and fire equipment. Risk relating to fire and legionella had been assessed by third parties contracted by the provider. The provider had acted on any recommendations by carrying out required work.
- Systems were in place to identify and reduce the risks involved in the delivery of care to people. People's care records included assessments of specific risks posed to them, such as risks arising from falls for example. Care records contained guidance for staff about how to support people to reduce the risk of avoidable harm.
- The provider had a comprehensive system to record accidents and incidents and staff were clear about their responsibilities. Systems were in place to review these for wider learning and to reduce the risk of the same accident or incident occurring again.

Staffing and recruitment

- There were no concerns about staffing levels and recruitment was managed safely.
- The provider carried out appropriate pre-employment checks to ensure only suitable staff were employed at St Euphrasia's Care Home.
- People and staff told us there were enough staff on duty to meet people's needs. During our inspection we saw that staff were responsive to requests for assistance and recognised when people needed help. Staff told us, "Yes we have enough staff and people's need are met".

Using medicines safely

- Medicines were managed safely.

- Medicines were stored securely and at an appropriate temperature that was in line with the manufacturer's recommendations.
- Staff kept accurate records of the medicines they administered.
- We saw controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) were managed appropriately in line with legislation.
- There were protocols in place to help staff understand when any 'when required' (PRN) medications were required. However, whilst staff were aware when these medicines should be administered this was not always clearly recorded in the protocols. This was corrected during the inspection.

Preventing and controlling infection

- The home was visibly clean and tidy and people told us that the home was clean, "Oh yes, we have two brilliant housekeepers", "It is spotless" and "Yes very clean we have excellent cleaners".
- Staff received training in infection control and understood their responsibilities. We saw personal protective equipment such as gloves and aprons were readily available around the home.

Learning lessons when things go wrong

- The registered manager monitored the service to ensure lessons were learnt if things went wrong.
- Staff made records of any incidents or accidents which the registered manager then investigated. We saw that the registered manager had acted in response to improve the safety of the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them moving into the home to ensure that their needs could be met.
- The registered manager provided staff with information and best practice guidance from recognised sources about people's conditions and care needs.

Staff support: induction, training, skills and experience

- People told us that staff had the skills to meet their needs appropriately.
- Staff were provided with the training they needed to work effectively with people. This included annual training in safeguarding, moving and handling and dementia. Staff told us, "Yes we get all the training we need. I am happy with it" and "Yes, I have had quite a lot of training and the manager is always asking us and telling us if we need it".
- New staff completed an induction that included shadowing experienced staff. One staff member told us, "I was reassured by the induction. I was not rushed and was given a lot of support".
- Staff were further supported through regular supervision and appraisal meetings and told us that they felt well supported in their roles. One staff member told us, "I feel valued and I get good support".

Supporting people to eat and drink enough to maintain a balanced diet

- There was very positive feedback about the food. This included comments about the quality, choice and availability of food and drink. People told us, "The food is very good" and "I love the food. The food is very, very good. The manager introduced lighter plates and bowls to help us pass them around easier. There is always a choice".
- We observed the lunch time experience on both days of the inspection. There was a calm communal atmosphere where people enjoyed their food together as a community. Staff were attentive and interacted well with people and helped to make it a pleasant experience.
- People were supported to eat and drink where needed through encouragement from staff and special diets were catered for and communicated clearly to staff serving the food.

Adapting service, design, decoration to meet people's needs

- People's needs were met by the decoration, design and layout of the home. This included spacious communal areas, personalised rooms and aids and adaptations to make bathrooms and toilets accessible and safe. There was also a board in the main lounge displaying the date, weather and season to help the sister's orientation to time.
- The building was linked via a corridor to the convent and the sisters from both the home and the convent

visited each other daily.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Records showed that staff made appropriate and timely referrals to other health and social care professionals such as GPs, district nurses and opticians.
- People told us, "Yes they are quick to contact medical professionals if I need them" and "Yes they are very quick to respond. They support me with my appointments which are regular".

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had made appropriate applications for DoLS authorisations and were waiting for the local authority to carry out their assessments in response.
- People told us that staff always asked for consent before providing care and we observed this during the inspection.
- Staff understood the principles of the MCA and how they applied to their day to day work.
- The registered manager was in the process of updating the care files prior to the inspection and acknowledged that they needed to be brought into line with the Mental Capacity Act to ensure that information about people's decision making and consent was clearer.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by a dedicated and caring staff team who knew them well and treated them with respect. People told us, "Yes, staff understand what I like and dislike", "Yes they know me well" and "Yes they know my needs well".
- People told us that staff were kind and caring and that they were treated with dignity and respect, "Oh gosh yes, they can't do enough. They are very respectful. The manager has us laughing together all the time. We are blessed to get her. They are patient with people who have dementia too".
- We observed staff interacting with people in a friendly and positive manner and people's needs were responded to quickly and appropriately.
- People's spiritual needs were met. The pastoral sister told us, "Their spiritual needs are met very well. It is all available and it is their choice". People told us that times for breakfast were flexible to fit around prayer times and that people could have an early breakfast around 6am or later in the morning as a community. In some cases, people had both.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were regularly consulted and that they had access to their care plans and felt involved in their care. One person told us, "Yes I feel involved in all the decisions about my care".
- Residents meetings were regular and discussed appropriate issues such as food and activities and people told us that they were effective and that they received copies of the minutes.

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to support and promote people's independence and this was confirmed by the people we spoke to. One person told us, "Yes. They always say, 'Would you like me to help or not', they respect your independence" and staff told us, "I always give people the opportunity to carry out tasks, that they may be able to complete themselves, such as brushing teeth for example".
- Staff were aware of the importance of maintaining people's privacy and dignity when providing personal care in particular and this was confirmed by the people we spoke to. One person told us, "Yes, personal care initially can be a challenge, as this is something you usually do yourself in life. They do it well and make you feel comfortable and cover you when required".

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had choices about how their care was delivered and staff had a good understanding of people's likes and dislikes. The home had regular staff who were attentive to people's needs. People told us, "They are very good at noticing things and they ask you about it. They are responsive if we are having a bad day" and "They are good listeners and they are observant and report issues if needed".
- There was person centred information in people's care plans including their preferred routines and a section that recorded their social histories and what was important to them.
- We received good feedback from a visiting professional. They told us, "We visit weekly. They are quick to refer, and they are good at following instructions when care plans change. I really like this home it is well managed and the staff are good. Communication is good, the care is really good and they are proactive and willing to work with us".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and detailed any difficulties people may have and how best to communicate with them. These included details of any aids or equipment they needed to assist with communication.
- The home had signed up to the 'innovative red bag scheme'. When someone was assessed as needing hospital care, staff packed a dedicated red bag that included the person's paperwork and medication details. In addition, a staff member also accompanied them to ensure that communication was person centred.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was good feedback about the activities and opportunities that were provided both in and away from the home. People told us, "Time goes quickly, I have lots to do. We have our prayer life, and this is important time. We have more time for prayer. We have a great chaplain, we are blessed. I am not bored. Since the new manager came we do the crossword together which I enjoy" and "We have enough to do. The day goes very fast. We have fun and a laugh together".
- The sisters spiritual needs were central to their lives and these were catered for through several religious activities that took place at the home. This included a priest who visited regularly and a pastoral sister who

provided 1-1 time six days a week.

- There was a weekly activities board and a range of additional activities provided regularly that included a 'home safari' where animals, including owls and rabbits, were brought to the home and nursery children also came to visit the sisters. One person with dementia also visited the nursery for children with a carer because she enjoyed the company of children and it improved her wellbeing.

Improving care quality in response to complaints or concerns

- There had been no complaints since our last inspection.
- The complaints policy was displayed in people's rooms and people told us they knew how to complain and felt comfortable to do so.
- The registered manager was visible and accessible to people and was proactive to ensure that any issues of concern were resolved quickly. This included surveys, residents' meetings and they also had lunch with the sisters each day. We saw that the registered manager responded to feedback to make improvements within the home.

End of life care and support

- The home was accredited to use the nationally recognised 'six steps' approach to the delivery of end of life care.
- People had suitable end of life care plans in place to advise staff of their end of life wishes and preferences.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The home was calm and relaxed on both days of the inspection and there was a positive community atmosphere where everyone knew each other well and went out of their way to help.
- The registered manager was very accessible. The registered managers office opened on to the main lounge and the door was always open unless they were having a confidential conversation.
- There was an established team that reported good staff morale and staff told us they felt valued. They told us, "Yes, I receive good support. Things get sorted quickly when required" and "Yes, we have a good team and the manager supports us".
- Staff told us that they felt comfortable raising concerns or ideas and that there was an open-door policy and a manager that was approachable and hands on.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of and understood their responsibilities in relation to the duty of candour. There was an open, inclusive and transparent culture in place within the home that supported this approach.
- All required notifications were made to the CQC in a timely manner and appropriate actions had been taken in response to these events.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had been in post six months and had plans in place to ensure that the home continued to provide good care. This included audits that took place to help ensure that the quality of care was maintained.
- The registered manager and the provider acted on any shortfalls identified. We saw action plans in response to a fire risk assessment, for example.
- Staff were clear about their responsibilities and told us that communication was good and that they were clear about their tasks.
- The home had an open and positive culture, that responded quickly to gaps or concerns, including those raised during the inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- There were good systems in place to engage and involve people. Regular staff meetings took place and staff told us that the meetings were effective and they felt able to make suggestions.
- The home carried out surveys with people and had regular meetings with them to discuss areas to improve. The surveys had just been received prior to the inspection and the registered manager planned to analyse them to help identify what they did well and areas that needed to improve.

Working in partnership with others

- The service worked in partnership with other stakeholders. We saw a range of professionals were involved in people's care and the local authority told us they had no concerns about the home.
- The registered manager told us they attended a locally run forum for registered managers. This helped to support them in their role by sharing best practice and learning from the experience of other managers.