St Mary's Convent and Nursing Home (Chiswick)

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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?	Outstanding ☆
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

St Mary's Convent & Nursing Home is a care home providing accommodation for up to 60 people who require personal care and support. At the time of the inspection there were 57 people using the service. The service was divided into three areas. The two areas on the ground floor were for people who required nursing care and the third area on the first floor provided residential care.

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 and associated Regulations about how the service is run.

At the last inspection on the 5 and 6 May 2015, the service was rated Good.

This inspection took place on 20 and 21 April 2017 and we found the service remained Good.

Staff understood how to respond to safeguarding concerns and we saw risk assessments and risk management plans to protect people using the service from the risk of harm. There were a number of checks to ensure a safe environment. Safe recruitment procedures were followed and there were enough staff to meet people's needs.

Medicines were administered safely, but we saw one instance where a care worker administered the medicine and a nurse signed for it. We recommended that the provider develop systems in line with the Royal Pharmaceutical Society guidance on the management of medicines in care homes to ensure the proper and safe management of medicines at all times.

Staff were supported through training and supervision to have the necessary skills to meet people's needs. The service was very person centred. Staff, professionals and relatives all specifically noted the level of individual care each person received.

The service worked within the Mental Capacity Act (2005) so people were supported in the least restrictive way and had choices.

Nutritional needs were identified and monitored. People enjoyed their meals and had access to food and drink whenever they wanted to.

People's day to day healthcare needs were met and healthcare professionals confirmed, in their experience, staff had the skills to care for people using the service. End of life care provided by the service was excellent.

We observed staff were kind and caring and knew of people's preferences. Staff took time to listen and engage positively with people. People's privacy and dignity were respected.

People and their relatives were involved in care planning and reviews were held regularly. Care needs were assessed and care plans included guidance for staff on how to support people in their preferred way. The service had a number of activities for people to attend and we observed those taking part were interested in the activity they were involved in.

The service had a complaints procedure and addressed complaints appropriately. Everyone we spoke with was satisfied with the service and no one had made a complaint.

The service was well run and the feedback we received indicated the management team were approachable and acted on information received.

The service had systems to monitor the quality of the service delivered including the environment and how the needs of the people using the service were being met.

The service met all the fundamental standards because it continued to provide a high standard of care to people using the service by a competently trained and skilled staff team providing person centred care in a kind and caring manner that involved the person using the service.

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.

The service had safeguarding procedures in place to minimise the risk of harm to people using the service and staff knew what action to take if they suspected abuse.

People had risk assessments and risk management plans to minimise harm.

Safe recruitment procedures were followed and there were enough staff to meet people's needs.

Medicines were administered and stored safely.

Is the service effective?

Good

The service remains Good.

Staff were supported to have the necessary skills through training, supervision and appraisals.

People's nutritional needs were assessed and they were supported to have food and drink to meet their individual needs.

People's healthcare needs were met and we saw evidence of involvement with other relevant healthcare professionals.

Is the service caring?

Outstanding

The service remains Outstanding.

Staff had developed positive relationships with people using the service, knew people's individual preferences and ensured they provided people with choice and control.

People's privacy and dignity were respected.

Relatives and friends were welcomed at the service and people were supported to maintain contact with people important to them.

Is the service responsive?

Good

The service remains Good.

Staff were aware of people's individual needs and provided a person centred service.

People and their relatives contributed to their care plans and reviews.

Complaints were responded to appropriately.

Is the service well-led?

Good

The service remains Good.

People using the service, relatives, professionals and staff said the service was well led and the registered manager was approachable.

The service had systems to monitor the quality of the service delivered to ensure the needs of the people who used the service were being met and service checks were carried out to ensure the environment was safe.

St Mary's Convent and Nursing 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This was a comprehensive inspection that took place on 20 and 21 April 2017. The first day of the inspection was unannounced and we told the registered manager we would be returning the next day.

The inspection team on 20 April 2017 included an inspector 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. The Expert by Experience on this inspection had experience of caring for family members who use regulated services.

Prior to the inspection, the service completed a Provider Information Return (PIR). This form asked the provider to give some key information about the service, what the service did well and improvements they planned to make. Additionally, we looked at all the information we held on the service including notifications of significant events and safeguarding. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. We also contacted the local authority's Commissioning Team and Safeguarding Team for feedback.

During the inspection, we spoke with thirteen people who used the service and eight relatives. We carried out a Short Observational Framework Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not speak with us. We spoke with 13 staff including, the registered manager, the nurse consultant, the quality assurance manager, nurses, catering staff and care workers. We also spoke with three visiting healthcare professionals.

We looked at the care plans for eight people using the service and five additional medicines administration records (MAR). We also viewed files for eight staff which included recruitment records, supervisions and appraisals and we looked at training records.

We looked at medicines management for people who used the service. Additionally we looked at the environment, maintenance, servicing checks and audits.

Good

Is the service safe?

Our findings

People using the service told us they felt safe. Comments included, "Yes extremely safe. There is always someone near" and "This place feels like home. I think I am very safe here."

The service had clear safeguarding and whistleblowing procedures to keep people safe and provide guidance to staff. Staff members we spoke with had undertaken safeguarding training, were able to identify various types of abuse and knew how to report suspected abuse. We saw written information on how to raise a safeguarding concern which included contacts for both internal managers and external agencies such as the local authority and Care Quality Commission. Safeguarding alerts had been managed appropriately and the relevant agencies notified.

Each person had risk assessments and management plans to minimise the risk of harm. Assessments we saw included those for falls, pressure ulcers, moving and handling and a scale for depression in dementia. However, we noticed some risk plans were not robust and when we discussed this with the registered manager they explained not all the risk plans transferred well moving from a paper system to an online system. This meant we saw some examples of the computer recording people at a high risk of falls because, for example, they used wheelchairs, even if they had never had a fall. The registered manager contacted the IT company to rectify the problem and audited all people's files to identify where there was a discrepancy in the risk rating and the risk management plan.

The service had a business continuity plan which provided information on how to respond to emergency situations.

We saw a number of checks and audits had been carried out to ensure a safe environment. The checks included fire safety, equipment such as hoists, window restrictors, water and electrical appliance testing. There were also lists and checks for maintenance and cleaning schedules.

The service had monthly incident and accident audits that recorded the incident, any aides put in place and the action taken.

The service did not have any vacancies or use agency staff and there were enough staff to support people using the service. The service followed safe recruitment procedures to ensure staff were suitable to work with people using the service.

We saw evidence that medicines were managed and administered safely. Staff had undertaken relevant training and we saw evidence of competency testing. The stock we counted was correct and reconciled to the Medicine Administration Records (MAR), indicating people were receiving their medicines as prescribed. Audits were completed weekly. However, we saw an instance of a nurse giving a person's medication to a care worker to administer while they were supporting the person to eat and the nurse signing the MAR chart. The care plan did not indicate care workers should administer medicines to this person and the MAR chart did not record that the medicine was given to the care worker to administer. We recommend that the

provider develop systems in line with the Royal Pharmaceutical Society guidance on the management of medicines in care homes to ensure the proper and safe management of medicines at all times.

Good

Is the service effective?

Our findings

Relatives of people using the service and healthcare professionals considered the staff to be competent. Relatives' comments included, "I think they are experienced. They all know what they are doing at least. I have never seen any issues" and "(Person) had a chest infection once and the carers spotted it early and phoned the doctor and it was sorted out right away." Healthcare professionals told us, "I am nothing but impressed with them. I have no concerns. I have never had a reason to doubt any of the nurses clinically. They are always willing to learn" and "Very attentive staff who show real knowledge and compassion to patients. They know them. The residents are the most important thing. Everyone is trying to give individual care according to how residents wish."

We saw evidence that staff undertook relevant training, inductions, supervisions and appraisals. 23 staff had a level three or higher qualification in Health and Social Care and during the past year, 35 out of 65 staff had completed the Care Certificate which is an identified set of standards that health and social care workers adhere to in their daily working life. Training was monitored and was delivered in a number of ways including training with the local authority. A care worker told us, "I like it because I came here without a certificate and they developed us. Training is very important to them" and the registered manager said, "We try to do a career pathway for senior staff so there is a pathway if they want to stay in care. We give them some responsibility rather than the nurses so we use a more non-medical model."

When we asked people using the service if staff took time to listen to them and if they were involved in their care, they told us, "It is all very friendly, we can just have a chat", "Yes we can talk about anything. It's all very nice", "Yes, the staff are willing to spend time and listen to me", "I can tell them what I want and they listen", "I talk to them about what I need and they take care of it" and "Yes I am involved."

There was a good level of communication within the team. We saw evidence of regular team meetings and daily handovers. Additionally, in the last year, the service had invested in a computer system called Person Centred software and each member of staff had a hand held devise that recorded all the tasks the person using the service required to be completed.

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 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Staff had undertaken MCA training and were proactive in ensuring the people they supported had choices. We saw people's capacity to consent had been assessed. The system generated capacity assessments and tests and a best interest tick list for each person. Where appropriate we saw recorded who had lasting power of attorney. DoLS applications had been made if people were unable to make specific decisions and we saw evidence of family involvement in decision-making.

People's nutritional needs had been assessed and meals were prepared freshly each day. We observed

lunch in two different dining rooms and saw that staff interacted well with people, supporting them as necessary, chatting to them and going at people's preferred pace. About meals, people said, "It is very good, very varied. We get lots of choice", "I enjoy my meals, they always cook something nice. If I didn't want something they would cook something different for me", "It is really delicious. They go out of their way to cook something special" and "Very, very good. I always look forward to meal times. There is usually a choice of a few things."

People's healthcare needs were recorded in the care plan and we saw evidence of the service working with other professionals to ensure people's healthcare needs were met appropriately and in a timely manner.

Outstanding ☆

Is the service caring?

Our findings

When we asked people if staff were kind and caring, they said, "Yes very much so. I don't need a lot of help but they are always there whenever I do need them", "Yes they are wonderful always smiling and in a good mood", "Yes I get on with them all really well" and "Of course they are. They are wonderful." Relatives said, "The human contact and the deep respect…I have been impressed. It really is in a different league of its own", "I think they are perceptive, they take the time to listen, they have a friendly smile and they chat. It's been absolutely incredible", "Yes they are very caring. Just the little things the way they talk to her and reassure her", "Everyone treats her really well. They are always looking out for her and making sure she is well taken care of. I couldn't ask for more" and "Very good. They do everything I want from them and more." One visitor survey said, "She feels secure, stimulated and well cared for in what we feel is an exemplary environment with exceptional levels of care."

A healthcare professional said, "From a patient point of view. They do give them a lot of time and support. They give the residents as personalised a service as possible."

The registered manager told us, "We think it is really important to know the resident as individuals. We try to do less routine care and more personalised care."

We asked care workers what was important when they were supporting people, particularly with personal care. Responses included, "It's our policy to treat people as individuals. We emphasise that everyone is different. It's their choice. We have to respect that", "Try to let people do what they can. Some residents can wash themselves but can't reach their backs. So they do what they can and then we step in" and "Knock on the door, greet them, communicate with the person. Ask them and work along with them. Always ask. Make sure you protect their dignity. Close the doors and curtains. Ask them what they want to wear." People using the service said, "They will always knock and call out to let me know who they are" and "I can shut my door but usually it is open."

We observed staff being kind and caring. They gave the people the opportunity to make choices and listened to what people were saying. From the conversations we heard, staff knew about people's preferences and interests. For example, we heard a member of staff complimenting a person on how they looked and the person responding that another member of staff had helped them put on their makeup. Another person used a touch board to communicate and we saw staff on several occasions asking the person what they would like and waiting to see their reply.
One person was trying out a mobility scooter the service had lent them, before deciding if they should purchase their own, and staff encouraged the person to feel confident using it.

People were supported to maintain contact with their family. We saw one example where staff supported a person to attend a family wedding. We heard another person say they were concerned they had visitors coming in the evening and they might be hungry. The staff member reassured the person and said they would arrange for the visitors to have dinner with the person.

The service provided palliative care and one professional told us, "This is the pinnacle of nursing care. It personifies end of life care to a 'T'. You would never have any concerns about end of life dying needs. Their palliative care is phenomenal. Symptom management is very good."

Good

Is the service responsive?

Our findings

People using the service, and where appropriate, their relatives were involved in planning their care. Relatives told us, "We created one (care plan) together. (Person) told them what she wanted and they wrote it down. They do try and follow it as far as I can see", "She loves baths and they have helped her to have baths. They try to individualise the care. They recognise not everyone is the same. (Person) doesn't go to bed early, so they are trying to think of things to do with the night staff" and "(Person) wasn't able to create the plan. I had to sit down with the manager and we had a long chat about what went into the plan. I think it has been reviewed once."

Care plans contained clear guidance for what tasks people needed to be supported with that day and how they preferred to have the tasks carried out. Each member of staff could look at each person's care plan on their hand held devices. All staff who completed tasks with residents recorded it on line via their hand held devices. The record provided a number of phrases and emoji's and room to free type notes in order to record as much detail as possible. Staff completed the record when they were with the person so people were involved and the time the task was completed was recorded.

The long term care plan recorded people's current situation, care needs, outcomes and actions for each area. Care plans were signed by either people using the service, or where appropriate, for example where family had legal power of attorney (LPA), signed by a family member. Staff, alerted by the system, reviewed care plans monthly and a more formal review with the person using the service and their relatives was completed six monthly.

Activities included outings each week to places such as Kew Gardens or Windsor. There was entertainment every Friday and live classical music on Saturday. One staff member said, "You don't find people here just sitting there doing nothing, just looking forward to a meal or bed. They involve people. It's one family. This is their home." During the inspection, we saw board games being played, a concert pianist playing, a coffee afternoon, a sherry party and people going out for lunch.

We saw minutes and action plans from residents' forums which indicated people using the service had a voice and one person said, "We have residents meetings where we can discuss what we don't like."

The service had a complaints log and audit which indicated any future action and lessons learned. The manager completed a monthly analysis of the complaint logs. People's welcome pack had a statement of purpose and how to make a complaint with contact details. When we asked people using the service if they had ever made a complaint, they said, "No never need to", "Not yet. Everything has been good so far", "This place is perfect, I don't need to complain" and "I have not had the need to complain."

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 using the service, their relatives and professionals told us the service was well run. Comments about the registered manager included, "Very caring. Will to do anything", "I think she is really good", "She is amazing. She keeps an eye on everything and makes sure it is running smoothly. I can't fault her", "She is absolutely fantastic. Yes she is always around", "Yes it is really well managed. The staff all know what they are doing and that has to come from the top."

Care workers said about the management team, "My managers are very supportive to me. If I raise concerns in the workplace, they listen to me very well", "They've got a suggestion box. They involve the residents in decisions. I really like that everybody has got a say here and they come up with an outcome that satisfies most people" and "It's well led. If something happens that is not safe, the management is quick to take action so that everyone is happy."

The registered manager had notified the Care Quality Commission and the local authority of significant events as required.

In addition to the registered manager, the service had a quality assurance manager. We saw a number of checks and audits to monitor the quality of the service delivered to ensure the needs of the people using the service were being met and service checks were carried out to ensure the environment was safe. Checks included, people's outstanding care plan reviews, medicines stock take, mealtime audits and monthly incident and accident audits. The Person Centred software provided analysis in various areas which the managers used to improve service delivery. We saw in addition to monthly analysis, where required an action plan was developed to respond to concerns raised.

Managers and staff kept up to date with good practice through a number of journals, professional membership organisations, training with the local authority and by attending provider forums.

Satisfaction surveys for people using the service, their relatives and professionals had been undertaken in the last year. The feedback was all very positive except from one person whose concern was treated as a complaint and resolved.