

Grace and Compassion Benedictines St Mary's House

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

St Mary's House is a residential care home providing personal care and support for up to 12 people. On the day of the inspection there were eight people living at the home. St Mary's House provides support for people living with varying stages of dementia, diabetes, mental health needs and long-term healthcare conditions. The provider, Grace and Compassion Benedictines, is a Christian organisation and the home is connected to a convent. The home is run by the Sisters and care staff who work alongside each other. The home is open to people of any or no religious beliefs.

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

People continued to receive a good service. People described kind and caring staff who knew them well and supported them to remain as independent as possible. One person told us, "I am thankful everyday to be living here. The staff are so kind and caring."

People said they felt safe living at the home. Systems and processes supported staff to provide care in a safe way and in line with legislation and guidance. Risks to people were identified and managed. People received their medicines safely and there were enough suitable staff to care for people safely.

People said they enjoyed the food at St Mary's House and their needs and choices were respected. People were receiving the support they needed to have enough to eat and drink. Staff ensured that people were able to access health care services when they needed them.

Staff received the training and support they needed to care for people and demonstrated a good understanding of people's needs and preferences. 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.

People's dignity and privacy was respected, and staff supported people to express their views and to be involved in making decisions. Staff knew people well and provided care in a personalised way that was responsive to their needs. People were supported to plan for care at the end of life. People knew how to complain and were confident that their views would be listened to.

There was clear leadership and staff understood their roles. Communication systems supported effective team work. People and staff spoke highly of the management of the home. There were effective systems to monitor the quality of the service and the registered manager retained oversight. There was a positive culture that supported openness and learning from mistakes.

Staff had developed close relationships with people and there was a homely atmosphere. One person told us, "Living here, I am as happy as I have ever been in my life."

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 17 August 2018).

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

St Mary's House

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 was carried out by one inspector.

Service and service type

St Mary's House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with four people who used the service and one visitor about their experience of the care provided. We spoke with four members of staff including the registered manager. We reviewed a range of records. This

included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 continued to be safeguarded from abuse. Staff understood how to identify signs of abuse and knew how to report any concerns. Records showed that there had been no safeguarding incidents since the last inspection. The registered manager knew how to raise concerns with the local authority in line with safeguarding policy but said there had been no incidents to report.

Staffing and recruitment

- There were enough suitable staff to care for people safely. The number of people that the home was registered to support had reduced since the last inspection. Most staff were Sisters from the convent who lived on the premises. Staff told us that they covered for each other whenever there was a need and staffing levels were maintained.
- People told us they felt safe at the home. One person said, "I have always felt absolutely safe here. The staff are well trained and know what to do in an emergency. There is always someone around if you need help and they come very quickly when you pull the bell."
- The provider had safe recruitment systems in place to ensure that staff were suitable to work with people. This included references from previous employers and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable groups of people. This ensured that people were protected against the risk of unsuitable staff being recruited.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- There were safe systems in place for managing risks to people and the environment. Staff used appropriate personal protective equipment (PPE) when they needed to. Systems ensured cleaning of equipment and the premises was regularly undertaken.
- Risks to people were identified, assessed and managed. For example, one person was assessed as being at high risk of falls and needed support to mobilise. The care plan had been reviewed following a fall and a sensor mat had been introduced with the person's consent. Staff described how this had reduced risks for the person because they were alerted and could respond quickly if the person stood up when alone. This meant that the risk of falls had been successfully reduced.

Using medicines safely

- There were safe systems in place for managing and administering medicines. People received their medicines in line with their prescription. Staff were knowledgeable about people's needs and why medicines were prescribed. They knew people's preferences, and this meant they received their medicines in the way they preferred. For example, we observed one person receiving their medicines before their

lunchtime meal. The staff member knew that the person liked to have their medicines from a spoon and checked that this was what they wanted before administering them.

- Only staff who were trained and assessed as competent were able to administer medicines. Medication Administration Records (MAR) charts were completed consistently. Any gaps in records were identified and dealt with straight away. The staff member described the steps they would take if they noticed a gap in MAR charts. Medication audits were undertaken regularly every month and any shortfalls were noted. For example, an audit had identified some gaps in recording for application of creams. This was raised in a staff meeting as an area of practice that needed improvement and subsequent audits noted improvements were made.
- Systems for ordering medicines were robust and this meant that people had access to the medicines they needed, including medicines that were prescribed for anticipated needs, such as at the end of life. Some people were prescribed PRN or "as required" medicines. There was clear guidance in place for staff to identify when, and how often, PRN medicines should be offered. Medicines were stored securely, and checks were in place to ensure the temperature of the room was suitable for the medicine.

Learning lessons when things go wrong

- When things went wrong there were systems in place to ensure that lessons were learned. Staff understood their responsibility to report incidents. Records showed that staff were consistent in identifying and reporting safety concerns.
- Following any incidents, the registered manager ensured that an investigation took place and a review of relevant risk assessments and care plans was undertaken. Where appropriate, changes were made to reduce the risk of further accidents or incidents. For example, following a fall, one person's risk assessment was reviewed. Staff sought their consent to move some furniture to make the environment safer and reduce the risk of further trips or falls.

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 continued to receive care and support that reflected current evidence-based guidance, standards and best practice. Assessments of needs were thorough and holistic.
- Protected characteristics under the Equality Act such as disability, ethnicity and religion were considered in the assessment process. People had access to technology and equipment, including sensor mats and call bells.
- People's needs were assessed before they came to live at the home to ensure their needs could be supported. One person described this process, they said, "The staff understand what I want and need. I felt listened to and involved in the process and that's one of the reasons I chose to come here."

Staff support: induction, training, skills and experience

- Staff continued to receive the training and support they needed. One staff member said, "The manual handling training was very good, and the trainer checks your competency as well."
- Records confirmed that staff had received training that was relevant for their roles and the needs of people they were supporting. Staff told us they received supervision and had regular appraisals. One staff member told us, "Team work is good, and we are well supported by the manager. We can go to her with any problems. We all support each other."

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

- Staff worked effectively with other agencies and supported people to access the health care services they needed. The registered manager told us that an oral health assessment and care plan had been introduced and this had improved guidance for staff and supported people's well-being.
- People told us the staff were proactive in supporting them to make and attend health care appointments. One person said, "I had to go for an appointment, and they made sure a staff member could come with me in a taxi. It was all arranged for me, so I didn't have to worry."
- Records confirmed that staff supported people with referrals to external services when needed. People were able to access regular health care support from a range of professionals including a chiropodist, dentist and district nurse. Staff described a positive working relationship with the GP. Where recommendations were made these were included within people's care plans.

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

- People continued to receive the support they needed to have enough to eat and drink. People spoke highly of the food and described having a choice at meal times. One person told us, "The food is really very

good, there's plenty of choice and the portion sizes are generous too."

- We observed the lunchtime meal and people were clearly enjoying the social experience. There was a pleasant atmosphere and people were chatting together and with the staff. One person told us, "I thoroughly enjoy the food here, it is home cooking and it's always good." Staff were available to help people if they needed support and we noted staff were attentive but discreet in offering support when needed.
- Some people had risks associated with nutrition and hydration. Risk assessments and care plans provided clear guidance for staff in how to support people with eating and drinking to reduce and manage risks. For example, one person had an unplanned weight loss but was not assessed as being at risk of malnutrition. Staff had noted the person had reduced appetite and their care plan was amended to include offering the person snacks between meals to help them to maintain their weight and avoid becoming at risk of malnutrition.

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

- The environment was suitable for people's needs. Communal areas were bright and attractive, and corridors were wide enough to accommodate wheelchairs. There was a passenger lift between floors and people were able to move around the home independently.
- A chapel within the home was accessible for people who wished to attend services. One person told us how important this was for them, saying, "I love to go to the chapel every day."
- People were encouraged to personalise their rooms and said, "I was able to bring my own furniture and things, it makes it feel like home when you can have your own familiar things around you."

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.

- Staff demonstrated a clear understanding of their responsibilities with regard to MCA. They had received training and were able to explain their understanding of the MCA and DoLS.
- We observed how staff checked with people before providing care and support and sought their consent.
- Records showed that people were involved in making decisions and had been provided with appropriate information and support when needed. A staff member told us, "We support people with the decisions they make. Even though we might not agree, and it may be an unwise decision, it is still their right to make their own choices and decisions."
- One person had received medical advice which required them to make changes to their lifestyle. Staff had provided the person with additional information and had helped them to plan how to make the changes needed. When the person decided that they were not content to follow the medical advice this was discussed with them and their reasons and decision were recorded. Staff supported the person with their choice even though they were aware that it was unwise.
- Some people were living with dementia. Staff included them in making decisions about their care and support. Where people lacked capacity to make a decision, staff had included relevant people to make decisions that were in the person's best interests. This was recorded appropriately and showed that the provider was acting in line with the legislation and guidance.

- The registered manager was aware of the requirement to make an application for DoLS authorisations and understood when this would apply. They told us nobody was subject to restrictions that might require DoLS authorisation at the time of the inspection.

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 continued to be treated well by kind and caring staff. People told us the staff knew them well and understood their diverse needs. One person told us, "The staff are absolutely brilliant." Another person said, "Everyone is wonderful, they are so kind. The most caring, lovely people."
- Staff spoke about the people they were caring for in a positive way. A staff member said, "We love our residents. We are here to give them any care or service they need at any time. It is a joy to look after them."
- Staff knew people well and were able to describe people's individual needs and differences. A staff member described how some people had religious needs that were supported by the home. They said, "Although we are a catholic organisation, we welcome everyone here."
- One person described how staff were always looking for ways to make a difference and help people to feel comfortable and cared for. They explained how they were telling a staff member about their love of a particular coffee and said they used to love to have it as a treat. They told us, "Two days later I was offered a cappuccino at supper time, especially for me. I was so thrilled that they had picked up on what I had said. It was lovely."

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

- Staff supported people to be involved in making decisions. A visitor told us how staff were, "Extremely supportive and sensitive to the importance of involvement." They described how the person they were visiting was a highly independent person who had found it difficult to adjust to living in a care home setting. They told us, "The staff could have seen them as difficult but instead they were so sensitive about their feelings and tried to give them as much control as possible." They explained how the person had not been happy initially when they moved into the home but said staff had supported them by offering other options, including changing their room.
- Some people had difficulty with communicating their views. Staff had developed techniques for supporting people to remain involved and to express their views. For example, one person had profound auditory loss, staff used a white board and pen to support them with understanding what was happening. We observed staff using this with the person to good effect.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were consistently respectful towards them. One person said, "The staff couldn't be better, they are so careful and respectful." Staff described how they supported people's dignity when providing personal care. One staff member said, "I always explain what's happening, check that they are ok with what we are going to do, make sure they feel comfortable and safe."

- We observed staff were respectful when speaking to people and approached them gently. One visitor told us, "Staff are very sensitive about people's dignity and the significance of losing independence." They described how staff had done whatever they could to help people to retain some control.
- People told us they had developed positive relationships with the staff. One person said, "The sisters who work here are absolutely lovely. I am so lucky to be here." We observed that trusting relationships were evident between people and staff. Staff noticed small changes in people's moods and acted to check they were not in pain or discomfort.
- People's privacy was protected. Staff understood the importance of maintaining confidentiality, and records were stored securely.

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 now 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 holistic care plans that identified their diverse needs, personal preferences and choices. People were involved in developing and reviewing care plans. One person told us, "I am included in monthly care reviews. The sister is very thorough and goes through everything in detail to make sure I am happy."
- Care plans were clear and included the outcomes that people wanted to achieve, for example, one person was supported with regular exercise because they wanted to reduce back pain and remain in good health. Staff were aware of these goals and supported and encouraged the person to remain active.
- People were receiving a personalised service, and this was reflected within their care plans and records. Staff described the importance of focussing on people's individual needs, preferences and interests. One staff member described how a person wanted to attend Mass every day, saying, "Their day is arranged around Mass because that is what they want. Their faith is the most important thing to them." We noted that this was reflected in the person's care plan.

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

- People were supported to maintain relationships and to avoid social isolation. People told us that staff kept their relatives informed of any changes and always welcomed visitors to the home. Comments made by visitors to the home were recorded in a book and confirmed that visitors felt welcomed. One person described how relatives had enjoyed spending time with their relation and that staff had, "Made it a really special occasion." A visitor told us, "I have been so impressed with the care and the staff are always welcoming with a smile and a cup of tea."
- People told us they enjoyed the activities that were arranged by staff including external entertainers that visited regularly. Staff described identifying hobbies and interests that people enjoyed and how they encouraged and supported them to take part. A staff member told us how people enjoyed an art class and were proud when their work was displayed on the wall.
- A visitor told us how a person had been reluctant to join in with organised activities initially. They said staff had continued to invite and encourage them to attend keep fit sessions and they now particularly enjoyed keep fit and yoga, which had been an interest of theirs before coming to the home.
- A person told us how they were able to retain contact with friends in the local community and this included being supported to attend a local church service.

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 considered, and staff had taken appropriate actions to reduce barriers to communication. One person had auditory and visual sensory loss. A communication care plan identified strategies for staff to support them with their communication needs.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to and acted upon. The provider had a system for recording complaints and detailing the actions taken to resolve issues. For example, one person had complained because the radiator in their bedroom was not working properly. This was reported immediately, checked and fixed.

- People told us they knew how to raise any concerns or complaints and were confident that appropriate actions would be taken. One person told us, "If I have any concerns I talk to the sisters. I have never had to make a formal complaint but if I did, I know they would deal with it quickly."

- The registered manager had oversight of the complaints system and said that most issues were dealt with very quickly when they arose. They monitored all the concerns raised to ensure issues were resolved. They checked if there were trends or patterns which would support learning and improve the care provided.

End of life care and support

- People were supported to plan for care at the end of life. A staff member told us that people were always asked about their wishes and any cultural or religious needs. They said, "Everyone has an Advanced care plan in place." People's wishes were respected, and staff supported family members where it was appropriate for them to be involved.

- We noted how one person's care plan included details for their spiritual care at the end of life. A staff member was aware of the person's expressed wishes and told us how their faith was "The most important thing to them." Staff described working with health care professionals to support people to have a peaceful death. This included ensuring that medicines prescribed for end of life care were available, in the event that the person's condition deteriorated quickly.

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

- Staff and people described a happy family atmosphere at St Mary's. One person said, "It's like a family here. The sisters live here too, and it's very relaxed. All the staff are absolutely lovely."
- The home's mission statement was, "To provide care which is unique, personal and special," and "To treat people with the utmost care and respect." Staff explained how they worked towards this goal, one staff member said, "We are very strong about respecting people's choice. The most important thing is that people feel loved and safe here." They explained how staff shifts had been arranged to start earlier so that a person's wish to have an early bath could be met." People told us that they were happy and content living at the home.
- People were involved in making decisions about the service. For example, group activities, including with external providers, had been moved to the morning. This was in response to people's expressed wish to have organised activities in the morning so they could have a rest after lunch. Staff told us that people could chose to take part in individual activities during the afternoon or evening if they wanted to. One person told us how this arrangement worked well for them, saying, "I spend time in my room after lunch, I have lots to occupy myself and if there has been an event in the morning, I can sometimes feel tired after lunch. I think it suits us all better."

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

- Staff understood their roles and responsibilities. One staff member explained how staff had responsibility for particular areas of work. They said this worked well and ensured there was fair delegation of work. Another staff member spoke positively about team work and said, "It's very well run, like a ship. There is good communication and clear systems, we all know what we are doing."
- There were robust governance systems in place. This enabled the registered manager to monitor the quality of care and ensured they, and the provider, had oversight. Audits were undertaken consistently to ensure that work was completed and to evaluate the quality of the work. For example, the registered manager undertook an audit of incident and accident reports to ensure that appropriate action had been taken and to identify patterns or trends so that adjustments could be made to improve the service. The nominated individual also undertook audits, including for medicine management, to maintain oversight of

quality at the home.

- The registered manager understood their responsibility to comply with the requirements of their registration, including to notify CQC about specific events. Staff described positive communication systems and said they felt able to be open and transparent about any issues. One staff member told us, "We all want to provide the best care to our residents, we bring any issues to staff meetings and decide together, with the manager, what's best. It's a good team."

Working in partnership with others

- Staff had developed positive working relationships with other agencies. We noted that social workers, visiting health professionals and other visitors to the home had left positive messages about people's experiences in a message book. Staff spoke about positive relationships and the usefulness of getting to know staff from other agencies. One staff member gave an example and described how a pharmacist had made helpful recommendations about medicines for one person.
- Staff had developed links with the local community including with a local nursery school. Staff told us how people enjoyed visits from the children.