The Order of St. Augustine of the Mercy of Jesus

St Rita's Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

St Rita'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 home is a registered location of The Order of St Augustine of the Mercy of Jesus, a registered charity. The home is a purpose built property which provides residential and nursing care for a maximum of 60 people. The home specialises in providing care to older people who may have physical or sensory impairments and people who have dementia related illnesses. There were 55 people at the home at the time of the inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People felt safe at the service and staff and the registered manager were aware of their responsibilities for ensuring that people were kept safe. Risks were assessed and managed to keep people safe. Checks such as identity and criminal records checks were carried out on new staff as part of the recruitment process. Staffing was suitable to meet the needs of people who used the service. Medicines were managed safely using an electronic system and staff were assessed to ensure they were competent to administer medicines to people.

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

People had their needs assessed and care was planned using best practice guidance. People said they were involved in reviewing their care and relatives were invited to attend reviews. Staff received training and support which allowed them to provide care to people in a safe way and developed their skills in areas relevant to the needs of people at the service such as in dementia and end of life care.

Staff were observed being kind to people and respecting their dignity and independence. Feedback received from people and their relatives was positive and they spoke highly of the service. Staff communicated with people in a way that they understood and were patient with people. People told us they liked the staff and there was a nice atmosphere within the home.

People's preferences and choices were reflected in their care plans. The service took account of people's individuality and supported them to maintain their individual interests. People knew how to raise concerns and were provided with information in a way they understood. The service had received an accreditation in the Gold Standards Framework for end of life care and people and their relatives were encouraged to express their wishes about how they would like to be cared for when they reached the end of their life.

People told us they liked the registered manager and staff and there was an open and inclusive culture. Staff felt supported and their views were sought to drive improvements. There were governance structures in place for information to be shared and lessons learned to be fed back to services by the provider. People and their relatives were asked for their views and action plans were put in place to address any shortfalls in the quality of 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? The service remained Good.	**Good**
Is the service effective? The service remained Good.	**Good**
Is the service caring? The service remained Good.	**Good**
Is the service responsive? The service remained Good.	**Good**
Is the service well-led? The service remained Good.	**Good**

St Rita's Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 20 February 2018 and was unannounced. The inspection was carried out by two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of our planning for this inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also considered statutory notifications received by the provider and previous inspection reports. A notification is information about important events which the provider is required to tell us about by law.

We looked at six people's care records which included risk assessments and other associated records, four staff files, records relating to the management of the service and policies and procedures.

We spoke to seven people who use the service, three relatives, three care staff, one RGN, two activities co-ordinators, maintenance staff, the training manager, HR staff and the registered manager. We also made observations of the environment and staff interacting with people.

Good

Is the service safe?

Our findings

People and their relatives told us that they thought the service was a safe place to live. One person said "Safe; yes", and a relative told us "Mum's always safe here, they spend so much time with them". People's relatives told us that they thought the staffing levels were appropriate and that no one had to wait for attention.

People were kept safe at the service. The registered manager was aware of their responsibilities for responding to and reporting allegations of abuse. People and their relatives told us that they felt safe at the home and thought that staff helped to protect people. One person's relative said "We can use the small kitchen on this floor, but there's a code lock on the door, which keeps people safe from hurting themselves that don't have the code". Staff had received training in how to protect vulnerable people from abuse and were able to tell us about what they would look out for and where they would report any concerns.

Risks to people were assessed and plans were put in place to minimise them. Assessments such as moving and handling and falls were carried out and guidance such as what equipment people required and how people should be supported was written into people's care plans. For example, in one person's care records who had mobility needs, it gave specific information about how many staff would be required to move them and what equipment was needed such as a slide sheet and hoist.

The environment was suitably maintained and regular checks were carried out to identify risks. Maintenance staff carried out regular maintenance and safety checks to ensure the environment remained safe. For example, all lifts and lifting equipment were subject to annual maintenance checks and these had been carried out in the last year. Gas and electrical safety checks had been carried out and there was evidence of disinfection of water systems and maintenance and service. Annual risk assessments were conducted. These covered a range of risks within the service including fire safety, infection control, control of substances hazardous to health and the use of display screen equipment.

Staff monitored and maintained fire safety equipment to ensure that the risk of fire to the premises was reduced and they would be prepared in the event of a fire. There was weekly testing of the fire alarm system and annual maintenance of fire safety equipment including the alarm system and fire extinguishers. Personal emergency evacuation plans (PEEPS) were in place for each person on the electronic system however the ones printed out in the grab and go pack kept near reception were not up to date. The registered manager said that they would update the pack within the next day which they confirmed that they had.

There were enough staff to meet people's needs. Staffing levels were monitored to make sure they were adequate for the needs of the people who lived at the home. People and their relatives told us that they thought there were enough staff. One person said "You never have to wait to go to the toilet". Relatives said "There's always plenty of staff on duty" and "I've been coming here for many years, and there always seems to be lots of staff on duty".

Staff were recruited safely. We looked at four staff files for two nurses and two healthcare assistants who had commenced in post in the last 18 months. All included records of previous employment, references, signed contracts, photographic identification and proof of address. The provider also carried out criminal record checks. There was evidence of probationary reviews for new staff which demonstrated that they supported new staff when they started working at the service. The HR department kept a record of the professional registrations of staff such as nurses and when it was due for renewal and there was a system for reminding staff of the date. A member of HR staff said if there were any gaps in the employment history for applicants they would ask for an explanation and seek additional character references.

There were processes in place for ensuring that people received their medicines in line with the prescribed guidance. One person's relative said "She's on regular medication, and she gets it on time. I'm here a lot of the time so I'm able to see most things". Staff received training in how to administer medicines safely and the home used an electronic system for managing medicines which included recording what medication had been delivered, what had been given to people and when and highlighted if there were any missed medicines. The deputy manager checked the system daily to identify if there were any issues so that they were picked up quickly. The provider also had oversight by monitoring the system on a weekly basis which helped reduce the risk of any medicine errors.

The home was clean and tidy and processes were in place to reduce the risk of the spread of infection. There were daily cleaning logs in place which housekeeping staff followed to ensure that all areas were cleaned daily. A person's relative said "If people have an accident, they clean it up immediately, it's never smelly here". People told us the home was always clean.

The registered manager and director of care met every two weeks to discuss incidents and accidents to identify if there were any patterns or trends and look at whether appropriate action had been taken. Some people had been referred to falls specialists as it had been identified that they had fallen frequently. Their risk assessments and care plans had also been reviewed as a result.

Good

Is the service effective?

Our findings

People told us that they thought staff had the knowledge and skills to support them safely. People said that they liked the food and were able to ask for alternatives if they didn't like what was on the menu. People said that they were able to access health care services if they needed to.

People's care was reviewed and assessed regularly to ensure it was appropriate for them. Named nurses and key workers were allocated to each person so that a core team of staff were able to build a rapport with people and review the care and support plan and risk assessment for the person each month. There was an electronic system in place for care plans which staff said they found easy to update. A 'resident of the week' scheme had also recently been implemented where the deputy manager did a comprehensive review of people's care with them and their families.

People who had been identified as high risk of falls had been referred to the falls team. The registered manager told us that they had offered support to the service and given them guidance on how they could minimise the number of falls that people were having such as by using chair and bed sensors to alert staff when people may need assistance. This information was reflected in people's care plans. The provider was also planning on changing the outdoor surfaces to one that had an anti-slip finish.

For people who had specialist nursing needs such as catheters and feeding tubes there was clear guidance in care plans regarding how they needed to be maintained and kept clean. There were supporting records in place which monitored people's fluid input and output which was reviewed weekly by the deputy manager and there was guidance around when a GP would need to be called for example if a catheter was blocked. Staff had received training in how to support people with these aids. Guidance also promoted people to maintain their independence first and staff encouraged people to take medicines and food and fluids orally before using the peg.

People were supported to access healthcare services. It was recorded in people's care plans when they had been referred to other healthcare services or the GP had been contacted. Any advice that had been given was clearly documented. People had been visited by dentists, opticians, speech and language therapists and other healthcare professionals.

Staff received training and support which aided them to carry out their roles safely. Mandatory training was recorded in a training matrix and included areas such as safeguarding, health and safety, infection control, manual handling and equality, diversity and human rights. There was an annual training plan that was based on the needs of the service. The 2018 plan included additional training around ageing health problems including the care of people with conditions such as dementia, Parkinson's and coronary heart disease. In addition training was planned later in the year around communication and valuing older people. The service had a system where staff were given responsibility for signing up to training themselves and where due and out of date training was monitored and addressed in supervision. Staff said that they liked the system as they were able to choose when was most convenient for them. In extreme cases where four or more training sessions were out of date the staff member would be written to and given a month to address

this. If they failed to do so they would risk suspension.

Additional learning was available for staff to develop and share their knowledge in specialist areas. Staff had recently attended training in areas such as virtual dementia training where staff got to experience some of the sensory aspects of living with dementia in order to increase their understanding. They also opened this up for relatives as well. The home had recently had an end of life care learning event that had been created by their end of life care team. This included information and quizzes kept within the home for a few weeks where staff were given the time to use the resources and pose questions. Staff involved in the development of the symposium had made themselves available to provide information, support and to answer questions. Staff told us that they enjoyed this training.

Staff were able to progress in their careers with the provider. The service had developed a team leader role where healthcare assistants who had successfully applied for the programme had the opportunity to extend their role. They had undertaken a competency based programme that included training room and practical activities and included training on supporting the registered nurses in the administration of medicines. The service provided accredited training and nurses had access to regular clinical updates through the local university.

New staff were supported to develop the knowledge and skills they needed to work independently. Inductions were held regularly and all new staff across all the homes on the site started on the first Wednesday of the month and followed a 'corporate induction'. They had two weeks of training and worked shifts alongside other members of staff for up to four weeks, based on their experience and individual needs. Healthcare assistants new to the role could access care certificate training and were supported by other staff to complete this.

All staff had received an annual appraisal and there were regular probationary reviews for new staff. This was managed centrally by HR with regular communication with the registered manager to ensure reviews and appraisals were carried out. Staff also had regular supervision. The registered manager told us they were aiming for this to be three times a year and that some staff had achieved this, all staff had received supervision twice in the last year and eventually they were aiming to achieve a quarterly programme of supervision.

People told us they liked the food and were able to make choices about what they ate. They said "The food is nice here", "If there's nothing you like on the menu, they'll always get you something else" and "I like the food, it always looks and tastes good". People who had special dietary requirements had their needs taken into account and staff knew what people were able to eat. Staff supported people who needed assistance to eat and were patient and talked to people throughout the meal. Relatives told us that people always had enough to eat and drink and told us "Their rooms have jugs of squash/water and they are changed every day", and "We can make drinks for mum and ourselves in the kitchen on this floor, and there's always biscuits and snacks for everyone to have".

The premises were suitable and adequately adapted to meet people's needs. There were lifts which people were able to use to move between floors and there were communal areas on both floors that people were able to utilise. People's bedrooms and bathrooms had adaptations such as handrails to support people who had mobility problems. There was signage in place to support people to orientate themselves and be able to differentiate between bedrooms and bathrooms.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the registered manager had completed capacity assessments for people and had made applications for DoLS where people did not have capacity to make decisions about receiving care and treatment at St Rita's.

One person's relative told us how their relative no longer had full mental capacity and how the service supported them on a daily basis. The relative told us that their relative had begun to show behaviours that challenged as their condition deteriorated. They said that staff were always positive with their relative and "I don't know how they do it, and they always have a smile on their face, and so calm and helpful…. nothing is too much trouble. What mum really needs to keep her calm and happy is for people to spend time with her, and they do that here".

Good

Is the service caring?

Our findings

People and their relatives told us that staff were very kind and caring. They said that staff were attentive and nothing was too much trouble. People and their relatives stated that their needs were met very well by the staff at St Rita's, and that staff had very good relationships with them. One person said "Staff are lovely, they're always smiling and happy".

The service provided training and support for staff regarding equality and diversity. The service had carried out 'diversity afternoons' for staff where they focused on difference and individualised care. Although the provider holds regular catholic services, they also have alternative services. One of the other homes on the same grounds has a multi-faith prayer room which people and staff were able to use. The training manager told us that they had had a member of staff who was Muslim and had to pray at certain times of the day, this was facilitated by the home and the member of staff used the prayer room.

People were encouraged to voice their opinions with staff regarding their care, and were able to make decisions regarding how they are cared for. They stated that they are treated with respect and that care was delivered with grace, care and respectful of their dignity. One person said "They ask you what you want; a shower or a bath and I can choose when I would like to have one".

Staff appeared to know people very well, this was demonstrated by the way that they addressed them, attended to them and the manner in which they were able to diffuse a situation before it could develop. Staff were smiling, happy and really kind and gentle with the people they were supporting. People said "The staff are really happy here".

Staff understood how best to communicate with people individually. There was information in people's care records which explained how they were able to communicate. In one person's records it said that staff should face the person when talking to them as they were slightly hard of hearing and we observed staff doing this.

Staff were sensitive to people's emotions and reassured and supported people when they needed it. Some people suffered from anxiety at times and staff were observed being kind to them, talking to them about things that they liked to talk about and making them drinks, which people responded well to. Other people sometimes displayed behaviour which challenged and could sometimes become aggressive. The service had recorded what had happened and used the information to understand what worked well to calm people down. The registered manager had consulted with mental health teams for additional support.

Visiting was actively encouraged and there were no limitations imposed on attending St Rita's. Relatives and friends were encouraged and supported by staff to take service users on visits away from the home. Some people regularly went out with their family members. Relatives stated that the home was very good at keeping them informed of any health issues or problems that their family member had during their stay at St Rita's. Relatives told us that they were always made to feel welcome at the service and said "We are always welcomed here and so are mum's many friends that visit. They all come, and they love it here". There was

also a guest bedroom to accommodate people's families when they were unwell or nearing the end of their life.

People were encouraged to maintain a social life within the service. People told us that they had developed relationships with other people who used the service. One person said "I've made some friends here but my closest friend is unwell at the moment, but we usually go to most things together".

Good

Is the service responsive?

Our findings

People and their relatives were encouraged to be open and vocal about their care and support needs, and felt that they were listened to by staff. People told us that they are supported by staff as individuals.

There were numerous activities that people were able to participate in at the home seven days per week. Religious festivals such as Christmas, Easter and Saints days were all celebrated and the activities team also themed activities around other creative `theme' days such as Wear Red day. On the inspection day they were celebrating `Love Your Pet Day' where activities were centred around pets such as reminiscing about pets that people had. We observed people enjoying the activities. People said "I go to lots of activities. I do more here than I ever did when I lived at home. There's just so much to do" and "We went to a pantomime and to a garden centre where we had tea and cake" and "I sometimes go to the residents' meetings".

People and their relatives told us that activities were held inside and outside of the home and people could choose if they wanted to join in. They also said they knew in advance what was going on. Relatives commented "They have garden parties in the summer, and one lovely thing that they did was decorated scarecrows and had them out in the fields, there were lots of them all dressed in different clothes, they made it a competition, and anyone could enter" and "They have great Garden Parties the next one is in March". Another relative said "She goes to so many activities that we have to book in a phone call, she's always busy". There were photos displayed around the home of people participating in different activities.

The activities team arranged for outside entertainers to come into St Rita's at least twice per month, and sometimes people attended activities at the two other Care homes on site, they also invited people from the other homes to join them for activities so people were able to socialise with people from the other homes. The service had links with the local community through the church, local schools and choirs. They took people to visit the farm on site, and the farm also brought animals up to visit people in the garden. One person had been active in planting seeds in the raised beds that were in the garden, and others were also encouraged to participate if they wanted to. Staff also took people for walks in the grounds and outings to local shops and places of interest that people wanted to visit.

People and their families were involved in planning and reviewing their care. Relatives said "We were involved in discussions about care and end of life for our mum". People had consented to their care plans and areas of support that they required such as using bed rails to keep them safe when they were in bed. As part of reviews, people were asked if they were still happy with the care that they were receiving to ensure the consent remained current.

People who were identified as being high risk of falls received support to reduce the likelihood of them falling. The service used assistive technology such as chair and bed sensors, with people's consent to reduce the risk of people falling. Staff said that they found this helpful for alerting them when people may need support. Staff also said that when they were alerted, they checked the sensors as well as the people to ensure they were working properly. People who fell frequently had been visited by the falls team and further visits had been planned for on going support. People also had access to call bells which we saw were within

people's reach when they were in their rooms by themselves.

People were encouraged to raise concerns if they needed to. There was a clear complaints policy available which contained timelines for responses in line with national guidance. There was written information available for residents and family members that included contact details for the local government ombudsman and for CQC. This was also available in a larger print. We viewed three complaints and saw that these were responded to in line with the policy. Apologies were offered both verbally and in writing and the manager met with the complainants to try and address and resolve their concerns. There was a clear record of actions. One example, where a family member felt a staff member had spoken to a resident abruptly led to all staff being reminded of communication standards and the registered manager's expectations and there were open discussions about this. Both people and their visitors knew how to initiate a complaint should they feel the need to do so. One relative said "I've never had to make a complaint – but I'd go to see the manager. If people talk to each other there's always a solution". Other relatives said "Yes, there's a complaints procedure and there's a copy on the noticeboard downstairs" and "Yes, there's a complaints board, but I've never needed to make one".

People were supported to put plans in place to ensure that their wishes were taken into consideration when they reached the end of their life. One relative said that they were currently in the process of completing the `End of Life' paperwork for their mother which they were finding difficult. He said that staff were supporting him to complete this. People believed that there was a very open culture at St Rita's Care Home. The home had an accreditation for the gold standards framework for end of life care which meant that staff had been trained to support people when they were nearing the end of their life which included early identification and advanced planning.

The home held Resident's and relative's meetings that were well supported by staff. The primary carer for each person received a copy of the minutes through the post to ensure that even if they were unable to attend, they were still kept informed.

Good

Is the service well-led?

Our findings

People felt that St Rita's had a 'great' atmosphere and was filled with staff that were always smiling and happy. They said that it was well managed, and that they are kept well informed with current and future plans through the Resident's and Relatives meetings which happened every two to three months and the minutes were posted out to resident's families. Copies were also available for people at the service.

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 registered manager was based at the service on a full time basis.

The registered manager was aware of their responsibilities in ensuring that they adhered to relevant legislation and guidance and completed notifications to the Commission when they needed to. They spoke knowledgeably about the duty of candour and how they had been open and honest with people when anything went wrong such as in response to complaints.

There was a governance structure in place for monitoring and managing risks to the organisation. There were monthly meetings held including home mangers and senior manager meetings across the organisation. There were also committees in place such as maintenance and health and safety committee meetings which reviewed key issues and made decisions about how to implement changes. The service also held end of life care meetings, quarterly activities meetings and both day and night time staff meetings. Staff nurse and team leader meetings were held every few months where staff were able to discuss nursing and care issues in detail such as accidents and incidents, DoLS, nutrition and care plans. There was a staff communication folder and noticeboard where memos containing regular information updates were kept and available for staff to access.

Regular audits were carried out to ensure that the quality of the service was monitored. The registered manager and provider carried out monthly audits in key areas such as infection control, health and safety and night checks which reviewed all areas of the service to identify if there were any areas for improvement. After auditing the care documentation, they had changed the way that fluid intake was recorded to make it more visual for staff to identify quickly if people were at risk of not receiving enough fluids daily.

There was a clear vision for the service which was demonstrated by the registered manager and staff. People and their relatives told us that staff promoted the ethos of spiritual and emotional well being and described the culture as being 'inclusive'. The values were displayed around the home in communal areas and the provider also produced a newsletter which was available to people, staff and visitors which reinforced the values of the home as well as kept people up to date with what was happening at the home.

People said that the level of communication was good at St Rita's. People were asked for their views and people and their relatives told us they felt listened to. People and their relatives had been asked to attend

meetings to feedback their views and the provider was preparing to send out questionnaires to people and their relatives.

Staff were encouraged to give their views and make improvements to the service. There was a reward scheme in place for staff who had submitted ideas for improvements which were taken forward and implemented. Staff said that they felt able to speak openly and felt supported by the registered manager. Staff told us that they liked working at the service and said "I really love my job and genuinely like coming to work every day", another member of staff said "It's a really happy place to work". A staff survey had been conducted within the last year and staff had responded positively in all areas.

The provider and registered manager sought information and updates relevant to the needs of people who used the service. The registered manager was involved in local groups such as the Dementia Alliance and attended registered managers forums and local community events to keep up to date with best practice and changes which could be implemented at the service. The registered manager met with other registered managers within the provider group to share learning and discuss events that they had attended.