

Franciscan Missionaries of St Joseph

Franciscan Convent Burnley

Inspection report

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Date of inspection visit: 14th and 15th October 2015
Date of publication: 14/01/2016

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

We carried out an unannounced inspection of Franciscan Convent on the 14 and 15 October 2015. The Franciscan Convent in Burnley provides accommodation and personal care for Sisters of the Order. The premises are located in the centre of Burnley and are well adapted for its dual function of convent and care home. At the time of our visit there were 13 people accommodated at the home.

A previous focused inspection was carried out in December 2014 in response to concerns we had received about the service. During that inspection we found that the standards we reviewed were being met and no action was required.

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Summary of findings

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A previous focused inspection was carried out in December 2014 in response to concerns we had received about the service. During that inspection we found that the standards we reviewed were being met and no action was required.

At the time of inspection there was a registered manager in place who was present over the two days of the inspection. 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.

During this inspection we found the provider was in breach of two regulations of the Health and Social Care Act (Regulated Activities) Regulations 2014 and one breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. These were related to safeguarding, failure to notify the Commission of incidents and supervision and appraisal of staff. You can see what action we told the provider to take at the back of the full version of the report.

Safeguarding referral procedures were not in place, however people told us they felt safe living at the Convent. They referred to the Convent as a community and relatives spoken with also confirmed this. People told us they enjoyed good relationships with staff and they were very caring. Staff had a good understanding around recognising the signs of abuse and had undertaken safeguarding training. However, we found that on two occasions the registered manager had not referred safeguarding incidents to the relevant authority and had not notified the Commission.

Staff told us they felt able to approach the registered manager for any support and guidance and felt confident that she would "Look at the issue and find solutions." Staff also spoke about their colleagues as being very supportive and described the people who lived in the home and their relatives as "One big family." Although the

staff felt supported they were not offered one to one time with the registered manager by means of supervision and appraisal. These sessions are important to help the staff identify training needs and develop their roles.

We found sufficient staff were deployed to meet the people's needs and people told us the staff always had time to converse with them and were very helpful and attentive.

All people and relatives spoken with gave very positive feedback about the caring attitude of the staff and confirmed that staff always respected their choices, wishes and feelings.

We found risk assessments and policies were in place to protect staff and people using the service. These were reviewed regularly by either the registered manager or an external contractor depending of the type of assessment or policy.

We found an overall good recruitment system in place and a thorough induction process for all new staff starting in the service.

Processes were in place for the appropriate administration of medication and good support was given to those people who were able to self medicate to enable them to maintain their independence.

All people spoken with were very positive about staff knowledge and skills and felt their needs were being met appropriately. One relative informed us their relative "Could not get better care".

Staff told us they felt able to approach the registered manager for any support and guidance and felt confident that she would "Look at the issue and find solutions".

Staff we spoke to told us they had attended a variety of training courses and we saw evidence of this when looking at staff files. However, due to the absence of a detailed training record for each

member of staff it was difficult to understand the full variety and frequency of all training offered to staff.

We saw that people's nutritional requirements were being met and choice was offered at every meal time. Those people who required support around meal times were given choices and supported with care and respect. We saw appropriate referrals had been made to dieticians and instructions were strictly followed.

Summary of findings

We spoke to a health care professional who was very positive about the care and support people received/ They told us that staff “Anticipate people’s needs making the care they provide excellent.”

During the inspection we observed good staff interaction with light hearted conversations and people laughing. One staff member stated, “I would not want to work anywhere else I love working here.”

We saw detailed care plans which gave clear information about the people’s needs, wishes, feelings and health conditions. These were reviewed monthly and more often as needed by the registered manager. Staff told us they were required to read care plans to familiarise themselves after an absence of two weeks or more.

Staff spoken with were aware of the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safe Guards (DOLS). These provide legal safeguards for people who may be unable to make their own decisions. The registered manager also demonstrated their knowledge about the process to follow should it be

necessary to place any restrictions on a person who uses the service in their best interests. However we noted that no formal training around this had been given to staff. The registered manager told us this would be arranged.

We saw that people had detailed care files providing relevant information to staff to enable them to care and support a person effectively.

We had positive feedback from people, relatives and staff about the registered manager. People told us they were happy to approach the registered manager with any concerns or questions. A health professional told us “the manager is very proactive”. The registered manager told us she operated an open door policy.

We saw appropriate policies were in place and appropriate for the Convent. They were reviewed annually and accessible to staff.

Throughout the inspection we observed a very calm and welcoming atmosphere, the registered manager was visible throughout the day and played a supportive role to the people who used the service and to the staff.

Summary of findings

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 not consistently safe.

Safeguarding referral procedures were not in place.

The service had failed to report two notifiable incidents to the Local Authority.

Staff had been given training in administering medication and we found evidence of regular medication audits, however there was lack of evidence around on going staff competency when administering medication.

There were sufficient staff to meet people's needs. Recruitment procedures were in place to check staff's good character, skills and experience; however we found some relevant documentation was not evidenced in the recruitment files.

Risk management procedures were in place to ensure people received safe care.

Requires improvement



Is the service effective?

The service was not consistently effective.

Systems were in place to ensure staff were sufficiently trained during induction prior to commencing employment.

Staff training was evident but we could not determine the variety or frequency of training due to the absence of a clear training record system.

Improvements were needed to be made in relation to staff supervision and appraisal to ensure staff receive the relevant support and guidance.

Arrangements were in place to ensure people's health needs were being considered and met and good relationships had been maintained with health care professionals.

Peoples nutritional needs had been assessed and monitored when necessary.

Health professionals visited the Convent daily and spoke about the openness and willingness from the manager to work alongside them.

Requires improvement



Is the service caring?

The service was caring.

People told us the care staff were exceptionally caring and made them feel valued and listened to.

People told us the staff respected their privacy and dignity.

People were involved in their care planning and decisions around their day to day lives.

Good



Summary of findings

Care plans included a very detailed assessment of the person's life history.

Is the service responsive?

The service was responsive.

Care records were detailed and clear. People's needs had been assessed and care had been adapted to individual need and requirement. Appropriate care planning training had been completed by some care staff.

People told us they felt comfortable raising any concerns to the manager and were confident that any concern would be listened to and acted upon.

People told us they always received a very high standard of care.

People were supported when necessary to engage in the religious service and any other activity they chose to participate in.

People told us they enjoyed the quiet reflective environment the convent offered.

Good



Is the service well-led?

The service was well led.

The Convent had a manager employed who was registered with the Care Quality Commission and was qualified to undertake the role.

The service had failed to report two notifiable incidents to the Care Quality Commission

People and relatives spoke positively about the management of the service.

Staff told us they enjoyed working at the Convent and felt well supported in their role by their colleagues and management.

Quality assurance systems were in place.

Requires improvement



Franciscan Convent Burnley

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 unannounced inspection took place over a two day period on the 14 and 15 October 2015.

Before the inspection we reviewed the information we held about the service, including notifications. A statutory notification is information about important events which the provider is required to send us by law.

The inspection was undertaken by one adult social care inspector. At the time of our inspection there were 12

people receiving care at the Convent. We spoke to five people who used the service. There were no visitors to speak with during the inspection so with consent the registered manager supplied us with two family members' names to contact via the telephone at a convenient time the following day. In addition to this, we spoke with four staff members including the registered manager and one health care professional who visited the Convent on the day of inspection.

We gained the permission of people to speak with them privately in their own bedrooms and observed interaction between staff and people using the service over the lunch time period.

We looked at three staff recruitment and training files and a range of risk assessments, policies and procedural guidance around how the service was managed. We also looked at three people's care and medication files who use the service.

Is the service safe?

Our findings

All people spoken with who used the service told us they felt safe living at the Convent. Comments included “I feel very safe here” “It’s a community here it’s very safe we all look out for one another”. Family members spoken to also told us that they felt their relatives were well cared for. One relative commented “If I was of the age it would be a place I would like to be”.

We looked at the accident record book which highlighted two separate accidents causing significant injury to the person involved. The registered manager informed us medical treatment was sought and we saw evidence of this in the accident book. However, in both these cases a safeguarding referral to the Local Authority had not been made.

There was a lack of referral of serious accidents to people using the service. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the policies which were in place to provide staff with information around how to recognise any signs of potential abuse and how to respond appropriately. There was a policy in place to inform staff about the types of abuse, but there was no procedure on how to report their concerns to the Local Authority. This was discussed with the registered manager at the inspection, who acted upon this and introduced a safeguarding record book. This book would be used to provide clear record of all incidents, actions and outcomes. A notice was also displayed in the Convent with information about who to contact in any such event. We spoke with three carers who confirmed they had recently received safeguarding training, and we saw evidence of their training certificates.

Care records were reviewed and contained individual risk assessments identifying if people were at risk from poor nutrition, pressure ulcers, injury from falls. Risk assessments were also available for those people who had behaviours which may challenge the service. Risk assessments were reviewed on a regular basis and updated accordingly. They detailed actions which informed the staff what to do to reduce any possibility of harm. Care plans supported the person to remain as independent as possible and offered clear guidance to staff around how to ensure this was done.

We found risk assessments and policies in place to protect staff and people who used the service including the use of lifting equipment, electrical safety, infection prevention and control, fire hazards and safe handling of medication. Each risk assessment identified the group of people at risk and were reviewed on a monthly basis by the registered manager.

Lift and hoist equipment was regularly serviced by external companies. This would ensure that the equipment being used to support people using the service was safe. The water temperatures in hand basins were checked monthly and a record maintained of the findings. Fire training was carried out with additional records maintained of fire drills undertaken. One staff member spoken

with stated “I enjoy fire training it’s very hands on.” All the risk assessments were reviewed annually by an external company to ensure their accuracy.

A business continuity plan was not available, we discussed this with the registered manager. The registered manager called head office and this was provided to us on the second day of inspection.

We looked at three staff files to determine what recruitments checks had been undertaken for people who had commenced employment at the home. We saw evidence that appropriate checks had been carried out by the registered manager prior to employment. We saw detailed application forms with no gaps in employment history, adequate references and police checks. However in two of the files we noted missing information relevant to the post. This information was in relation to previous qualifications. We spoke with the registered manager about this and she sourced the missing information for one of the files and assured us that she would source the other missing document and add it to the file as a matter of priority.

We found that staffing levels were appropriate and were based on the needs of the people using the service. We looked at the staff rota over a three month period prior to the inspection date and noted there was very little sickness recorded and a consistent level of staff was maintained. One member of staff told us “I never feel rushed and always have time to sit with people and speak with them.” People spoken with told us staff are around to speak to when

Is the service safe?

needed. One person said “The staff come whenever I need them, I never feel rushed, the staff are grand.” Another person informed “staff answer the nurse call bell promptly day or night.”

Processes were in place to ensure medicines were administered appropriately. We saw policies for ordering and the disposing of medication, administration of medicines, management of medication errors, and self-medication. We saw the medication policy was made available to all staff that had the responsibility to administer medication. This was kept with the medication administration records and had been signed by staff to indicate that they had read the policy.

We saw that 5 staff members had recently received medication training. Three staff members spoken with confirmed this. We saw that audits from an external

community pharmacy had been undertaken, this would ensure a thorough audit is done on all medication by a trained professional. The registered manager told us that she carried out “spot checks” by choosing a medication record at random and checking the signatures and by counting the stock. We saw that controlled drugs were stored in a lockable cupboard and a separate controlled drugs record book was available and up to date. We saw that medication records were accurate and up to date.

We saw people’s independence was promoted around taking their own medication. There were individual assessments in care plans highlighting risks associated with self-administration. We saw a large number of people stored their medication in their room, again this risk was reflected in their individual care plans.

Is the service effective?

Our findings

All the people we talked with spoke positively about the staff team and felt their needs were met. One person stated “The care is good and staff are very well trained, they help me with anything I need.” Another person commented “Staff are very respectful they know what they are doing, I trust them”. One relative said they had spent a considerable amount of time at the Convent and that their family member “Couldn’t get better care.”

Records and discussions with staff confirmed that supervision sessions and appraisals were not undertaken frequently. Staff members spoken with could not recall when they last had supervision or appraisal. One staff member said “It happens every year or so.” When we asked the registered manager about this she confirmed that supervision was very infrequent and could not show us any appraisal records. We looked at the policy around appraisal and supervision. We noted there was clear guidance and a form to be used to record discussions from the session. But we found this was not being done.

Staff told us they received training on a variety of topics including safeguarding, medication management, moving and handling and fire safety. The staff spoken with confirmed they had recently attended training on the care of people living with dementia and risks to their skin integrity. This enabled them to better understand the identification and development of pressure ulcers. However, we found it difficult to determine the full range of training and frequency offered to staff due to the absence of a training matrix. We spoke with the registered manager about this issue. She confirmed there was no system in place for her to track staff training but told us she had a good idea around when training was due. She explained staff approach her if they felt they needed refresher training. The registered manager recognised that a clear training record system needed to be introduced and would look at doing this as a matter of urgency.

The provider had failed to ensure staff received appropriate support, training, and supervision necessary to enable them to carry out the duties they are employed to perform. This was a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw a thorough induction process for staff prior to starting employment at the Convent. We saw an induction

programme in three people's files covering full familiarisation on the people using the service by reading all care files and reviewing all policies and risk assessments. These documents had been signed by the manager and staff member on completion. The member of staff entered into a shadowing period of two weeks to work alongside an experienced member of staff. The staff we spoke to confirmed they had completed the induction process when starting their employment and that this process had prepared them for their role.

Staff told us they felt able to approach the registered manager for any support or advice. One staff member told us, “I feel the manager is very good and can go to her with any concerns. She will look at the issues and find solutions” and another staff member told us, “We are a good staff team and support each other.”

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DOLS), with the registered manager.

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.

The registered manager was aware of the principles of the MCA. She told us that due to illness some of the people living in the convent could not communicate verbally, but were supported in other ways to express their wishes and feelings. We saw care plans containing guidance for staff on effective communication. Staff spoken with demonstrated their understanding of the principles of the Act. They were able to tell us how to support people to make their own choices. One member of staff told us “I always speak to the person and ask them what they would like me to do.”

The people spoken with confirmed that staff promoted their independence and always gave opportunity to decide for themselves. They also told us that staff would gain their

Is the service effective?

consent before assisting with any task. One person said “I am always treated with respect. The staff are always very polite and offer me choices.” Another person said “I am able to make my own choices and staff respect this.”

The registered manager was aware of the safeguards required should a person need to be deprived of their liberty in order to keep them safe. The registered manager told us that these safeguards had never been required due to the high independence of the people living at the Convent, but recognised that formalised training was needed to make all staff aware of the requirements of the legislation.

People’s nutritional requirements were being met. We saw in cases where people were identified as being at risk of malnutrition, appropriate referrals had been made to dietitians and speech and language specialists. We saw evidence of this in care plans. People told us they enjoyed the food and had a choice each meal time. We saw menus which offered a choice of meal options. We observed people helping themselves to portions of food from the hot plate. People unable to support themselves were assisted by care staff. One person said “If I have been out and missed my lunch a portion would be saved for me for when I return.” Another person told us “I can request an early lunch if I know I will be going out before lunch time.”

We saw kitchenettes were located on each floor of the convent which were stocked with cereal, tea, coffee, and milk. One person told us “We have a kitchen on each floor which we help ourselves to drinks, snacks or breakfast should we choose not to go to the main dining room.”

People told us they were well supported with health care. Some people told us they were independent with their health care appointments. Other people told us the registered manager and care staff kept them well informed of any appointments they had.

Care plans we looked at contained detailed information about people’s general health and any medical needs. One person told us “I am always supported with my health care needs and always have somebody with me when I go to appointments.” Another person told us “I am kept well informed about my medical appointments.” Other people remained independent with making and attending appointments but told us the manager was there for support should they need. We spoke to one relative who told us “The medical treatment for my [relative] is top quality.”

Whilst carrying out the inspection we spoke to a health care professional visiting the Convent. This person was very positive about the care provided for people who had health problems. They informed that staff would refer any issue to health professionals at a very early stage which resulted in prevention of health deterioration.

Is the service caring?

Our findings

All the people spoken with were very positive about the staff team. People told us they enjoyed very good relationships with the staff and that they were very caring. One person told us “it’s a community, everyone knows each other very well, I often talk to staff about their families, staff sit and listen to my stories about my time as a Sister.” Another person said “the staff are so respectful they can’t do enough for me, they make me feel valued.” All relatives spoken with told us staff were welcoming and very helpful when they visited. One relative said “You couldn’t get better care.”

The registered manager told us that attending daily Mass was very important to the people living there. We saw people who were unable to access the Chapel were supported by staff to attend daily religious services and social gatherings in the Convent. The registered manager told us there was also a balcony which was used for any person who could not sit through the full service due to illness. This would enable them to attend and leave whenever they wished without disturbing the service.

During the inspection we observed good interaction between the people who used the service and staff. We observed light hearted conversations and people were often laughing. One person spoke about a time when she helped a staff member with a piece of work. They told us “It made me feel helpful and gave me pleasure that I could contribute to someone’s future.” Another staff member told us the people would always say a prayer at the service for them. The people spoke about the staff as part of their extended family. Although the ethos of the service was Catholic, people who did not practice this faith were made welcome. One staff member said “I would not want to work anywhere else, I love working here.”

Staff spoken with demonstrated a commitment to keeping the people safe and providing effective care whilst considering the person’s wishes and feelings at the centre of that care. Staff were able to tell us about the people they

cared for and their wishes and preferences and had a good understanding of their diverse and spiritual needs. Staff told us how they would sit and speak with the people whenever possible.

Some of the people we spoke with could remember providing input into their care file and others we spoke to were not aware of such files. We found that none of the people spoken with had been involved in reviewing their care files.

We found that care plans were reviewed monthly and more often if people’s needs changed. They had detailed life histories and gave a good picture of the individual person including their likes and dislikes and any health and support requirements. Staff told us that if they had been away from the Convent for over a week, it was common practice to review all the care files to update themselves with any changes. Staff also told us they would also take time to speak with the person.

People spoken with told us they valued their privacy and during the afternoon if they chose not to go out, they would remain in their room. People told us the staff were very respectful of this and would always knock and wait for a reply before entering their room.

During the inspection we did not see any visitors attend the Convent. However, we gained consent from three of the people to contact their families following the inspection. It was noted that a large number of the people’s families lived in Ireland and when we spoke to them they informed us when they came to visit they would stay at the Convent for up to a week and were made to feel very welcome and part of the Order.

It was noted that there was no advocacy arrangements available to people at the Convent. Advocacy support is a process of supporting and enabling people to express the views and concerns. When speaking with the registered manager she told us this service was not used. The people we spoke with about this said they would advocate for each other therefore did not feel a need to have such a service provided.

Is the service responsive?

Our findings

People and their relatives told us that their needs were met by the service. One person said “I am very well looked after, they know my needs.” Another person told us that the care provided had “helped [her] recover from illness”. A relative told us that the staff are well equipped to care for the people especially their family member and felt that their longevity in life was down to the care received at the Convent.

We saw in some cases pre admission assessments had not been carried out prior to people moving into the Convent. We discussed this issue with the registered manager. She told us that most people are self-caring and very independent when they came to live at the convent and were known to be well, therefore the registered manager felt an assessment was not needed. We spoke to the registered manager about the importance of pre admission assessments in order to ensure that all of a persons needs could be met within the service. The registered manager acknowledged this and assured this would now be done for every admission.

Care files looked at had detailed information about the person’s life both past and present and gave a good picture of the individual whilst covering essential information such as health issues, medication, wishes and feelings and religious needs. All the care plans had been reviewed monthly and signed by the registered manager. Any changes within the review period had been captured and updated when necessary. This relevant information gave care staff a clear picture of the person’s needs and of any changes in their care needs. This helped to ensure that staff were aware of peoples needs and wishes. We also saw that some staff had completed person centred planning training. This provided awareness around the importance of helping a person be an active part in their assessments and contribute to the planning around all aspects of their life.

We saw that the service had a complaints policy in place and there was a complaints book, however this was empty. We asked people why they did not use the complaints book. One person told us “We see the manager all the time so if we have any issues we speak to the manager directly about it.” The staff spoken with told us they knew how to raise a complaint should they need to. We saw there was no compliments book or feedback forms. We asked the registered manager if there had been any compliments made and she told us there had but they were verbal, therefore nothing was documented.

We saw there were no active residents meetings taking place. The manager confirmed that this had been tried but the people using the service became uninterested in this. The people we spoke with confirmed this. One person said “We talk between ourselves and if we have any issues we will raise them with the manager. We tried the meetings, but they were not successful.”

We noted there was no activities coordinator in post and few activities were arranged in the Convent. We discussed this with the registered manager who explained the convent on the whole was very quiet tranquil place, and people liked to spend time in their rooms reading or listening to the radio. People attended daily mass and had coffee afterwards. We noted people also visited each other in their rooms and at times visited other Convents and the local shops. Some people told us they visited family, but in the main preferred to spend quiet time in their rooms. One person told us “I would hate to play bingo, if activities like that were done I would not like to stay here.” Another person told us, “I like the quiet nature of the building and most people here would say the same, it suits us.”

Relatives told us they were always informed with any change in their relatives care need and health, one family member told us “When my [relative] was poorly I would receive a call daily and sometimes two or three calls in a day, staff are fantastic like that.”

Is the service well-led?

Our findings

All the people we spoke with made very positive comments about the registered manager. People who used the service told us “I feel happy going to the manager she is always there if I need to see her.” “I feel confident the manager will help me.”

The service had a registered manager in place as required under the conditions of their registration with the Care Quality Commission. The manager was available over the two days of inspection.

Staff told us they enjoyed working at the Convent, one staff member told us they had worked at numerous care homes, but working at the Convent was “Lovely, different to other homes.” Another staff member told us they “loved” working at the Convent and found the manager very supportive.

We spoke to a health professional on the day of the inspection who told us the manager was “Very proactive and will anticipate need.” The professional explained they go into many homes but the Convent was the “best by far and very well led.” The health professional told us the registered manager worked with them and “ensures all instruction from me is carried out to the best it can be.” She explained the health of the people living at the Convent is a reflection on the care they received.

We saw that team meetings were not frequent and we noted the last meeting was January 2015. This meant that the registered manager was not following the Convents policy in relation to team meetings which stated, “regular staff meeting should be held.” Staff spoken to confirmed this. The infrequency of meetings did not give the staff team an opportunity to discuss new ideas or good practice. One staff member told us however the team was very close and the registered manager would deal with issues when they arose. They therefore did not feel there would be anything to discuss at a team meeting. The registered manager acknowledged team meetings did not happen as frequently as they should and gave us an assurance she would introduce more meetings.

We noted the registered manager had not notified the Care Quality Commission of two separate incidents which had caused significant harm. Notifications enable the

Commission to monitor whether the provider is acting appropriately and whether any action is needed. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

We saw that the service’s policies were appropriate for the Convent. All records were well organised, completed, reviewed regularly and updated. Staff told us they felt confident raising concerns and were informed on the correct process to follow. We noted that whistleblowing was covered in the abuse policy and this set out what staff should do if they had concerns about the service.

Risk assessments were reviewed annually and more frequently if needed, these included nutrition, pressure relief, health and safety, maintenance, fire, infection control. These were reviewed by the registered manager, maintenance person or an outside agency depending on the type of assessment.

We saw audits relating to care plans, medication, infection control and the environment. These audits had been regularly completed and any required actions identified. Guidance was also followed such as health and safety in the work place, infection control, fire regulations and control of hazardous substances.

We saw that the registered manager had a system to observe staff when they were on duty. This involved checking that staff were using correct moving and handling techniques and administering medication safely. The registered manager told us they also regularly completed stock checks of

all medicines to ensure records were accurately maintained and people had received their medicines as prescribed.

During the inspection we observed a very calm and friendly atmosphere at the Convent. We noted that the manager was visible throughout the day and played a supportive role to the staff and people using the service giving direction to staff when required.

We observed the Mission Statement and Inclusion Diversity Policy on display at the convent, which outlined the importance of people having a right to the same quality of service without being subject to discrimination or abuse.

The manager told us she encouraged an “open door” culture. This was confirmed by both the people living at the

Is the service well-led?

Convent and staff. One person told us “The manager’s door is always open should I need her.” Visitors confirmed that the registered manager always made herself available to speak with during her shift.

People told us they still had links with the parishioners from the Church who often visited. We saw that some people attended groups in the community and people told us there are strong links to another convent which they could visit if wished.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

The service failed to report two separate incidents of significant harm to the Local Authority

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents

The registered manager had not notified the Care Quality Commission of two separate notifiable incidents which had caused significant harm.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider did not have suitable arrangements in place to ensure that people employed at the service are supported by receiving supervision and appraisal.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.