

The Missionary Franciscan Sisters (Order of St Francis)

Franciscan Convent Residential Home - Braintree

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

The Franciscan Convent Residential Home -Braintree was inspected on 12 November 2015 and the inspection was unannounced. There were ten people living at the service at the home of the inspection.

There was a registered manager but they were on holiday on the day of our inspection and we were assisted by the Deputy manager. 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.

Summary of findings

People who lived in the service and their relatives were very happy with the care and the support provided. However we found that recruitment procedures for new staff did not always work effectively and offer protection to people.

Staff were knowledgeable about the signs of abuse, and the actions that they should take should they have a concern. Risks were identified and steps were taken to reduce the likelihood of injury. The buildings of the service were well maintained and people had equipment they needed to promote their independence. The manager and the deputy manager were assessable and there were systems in place to handover information and ensure that staff have the information they needed to meet people's needs.

Staffing levels enabled staff to spend time with people and ensured that the support that was provided was timely and unrushed.

Medicines were safely stored and administered as prescribed. Staff were knowledgeable about the procedures in place for the administration of medicines.

Staff received induction and training for their role. The majority of staff had worked at the home for some years and we saw that they had received training to update their knowledge and skills.

People enjoyed their food and received a varied choice of nutritional meals. Support was available for those who needed it. People health was monitored and they had good access to health care support.

Staff were motivated and positive about their job. They had good relationships with the people living in the service and their relatives. People felt cared for and that they mattered. Respect and Dignity was inherent in how care was provided.

People's care needs were assessed and the assessment included a social history and details of their care preferences. Care plans were informative and staff were aware of people's needs and preferences. Staff recognised the importance of companionship and people were encouraged to maintain interests.

Resident meetings were held regularly and people were encouraged to give feedback. There was a complaints procedure in place.

The service had clear aims and values and staff understood their role in promoting good quality care. People and their relatives told us that the manager was accessible and visible. Quality assurance and governance systems were in place and audits used to drive improvement.

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 always safe.

The recruitment procedures were not always effective and did not protect people from harm.

Staffing levels were good enabling staff to spend time with people and meet their needs.

Risks were well managed.

People were supported to receive their medication as prescribed.

Requires improvement



Is the service effective?

The service was effective

Staff received training to enable them meet people needs.

Staff sought consent prior to providing care.

People were supported to eat and drink.

People were given support to help them stay healthy.

Good



Is the service caring?

The service was caring

People were very happy with their care and relationships were good.

Staff were patient and compassionate. They knew individuals and their needs well. They were motivated and positive about the care they provided.

People were given choices and had a say in how their care was delivered.

People's privacy and dignity was respected. People were enabled to be independent.

Good



Is the service responsive?

The service was responsive.

People had their needs assessed and care plans provided guidance to staff

People's views were sought in a number of ways.

Complaint procedures were in place.

Good



Is the service well-led?

The service was well led.

There was a clear management structure and visible leadership.

Good



Summary of findings

Staff were clear as to their responsibilities and knew what was expected of them.

Systems were in place to monitor quality and reflect on practice

Franciscan Convent Residential Home - Braintree

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 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.

The inspection took place on 12 November 2015. The inspection team consisted of one inspector.

Before we carried out our inspection we reviewed the information we held about the service. This included any statutory notifications that had been sent to us. A notification is information about important events which the service is required to send us by law. Before the

inspection the provider completed a Provider Information Return (PIR). This is a form which asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Some individuals living in the service had a diagnosis of dementia so we spent time observing the care provided by staff to help us understand the experiences of people unable to tell us directly. We spoke with two people who used the service, two relatives, four care staff, the person responsible for maintenance, a trustee and the deputy manager. The registered manager, who was on annual leave, attended the service for a short period and we also spoke with them.

We reviewed care plans, medication records, three staff recruitment files, and records relating to quality assurance and the maintenance of the service and its equipment.

Is the service safe?

Our findings

Everyone we spoke with was positive about the service and the quality of the care provided. They expressed confidence in the staff. One person said, "You know you are safe if there is an emergency." However we found that recruitment processes were not sufficiently robust which placed people at risk of unsafe care. We looked at recruitment records for three members of staff. References had been taken up and these were in place before new staff started work. Disclosure and Barring checks were in place for two staff to establish if they had any criminal records which may exclude them from working in this setting, depending upon the service policy and information received. However the process had not been completed for one member of staff who was working at the service. The homes management identified how the oversight had occurred and put steps into place to reduce risk.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities). Regulations 2014.

People told us that there were sufficient members of staff to meet people's needs. Relatives referred to the high staffing levels and told us that this enabled staff to be responsive and person centred. Staff told us that the staffing levels enabled them to spend time with people and ensure that people had the time they needed and were not rushed. One person spoke about how staff assisted them to move, "I feel safe as there are two staff." We were told that additional staffing had recently been provided early in the morning, allowing people to get up when they choose. There were sufficient numbers of staff on duty on the day of our inspection and we saw that both the deputy and manager work on a supernumerary basis. Staff told us that they were available to assist if needed and that the staff team worked well together covering shifts for each other. The majority of the staff on duty had worked at the service for some years.

Relatives told us that they thought that their relatives were safe in the service. One person told us, "I feel that I can trust anyone here." We spoke to staff about their understanding of safeguarding and they demonstrated that they were aware of their responsibilities. One member of staff said, "We have no choice we have to report." They told us that they had undertaken training and were clear about what

was abuse. While not all staff were aware of the role of the local authority in investigation they were very clear that they would report concerns to the manager and trustees. They expressed confidence that these would be taken seriously.

Risks to people and the service were identified and appropriately managed. There were procedures in place to ensure fire safety and maintenance of equipment and the buildings. We saw certificates to evidence that checks were undertaken on hoists, gas safety and the risks associated with legionella. The management used an electronic health and safety management programme to record ongoing monitoring checks but was agreed that they would benefit from additional recording about water temperatures and this was immediately actioned.

Individual risk assessments highlighted people at risk of skin damage and poor nutrition. These assessments in people's records were regularly reviewed. Staff knew who was at risk of skin damage and we saw that these individuals had pressure relieving mattresses and cushions to maintain their skin integrity. The settings on the mattresses had been checked by the district nurse to ensure that they were working effectively. We saw that one individual was identified as being at increased risks of falls and there was an alarm system in place to alert staff should they need assistance at night. Another person had a mobile alarm and staff told us that this better met their needs.

People told us that medicine was always received on time, including medicine for pain management, if it was required. One relative told us that "staff apply all my relatives creams and their skin is really good." We observed staff giving people their medication. Staff ensured people had a drink and gave people the time they needed to take their medication. Dates of opening were recorded, medicines were appropriately stored and room storage temperatures were monitored. We viewed records of the administration of medicines and found them to be accurate and complete. Stocks of two medicines were checked and found to be accurately recorded.

There were clear arrangements in place for covert administration of medicine to ensure that this was in people's best interests and it was safely administered where necessary. Medicine audits were regularly undertaken.

Is the service effective?

Our findings

People received care from trained and competent staff. Staff undertook an induction program when they first joined the service; we saw that this training covered core skills such as moving and handling, infection control and food safety. Staff shadowed more experienced members of staff for a number of shifts to help them gain both competence and confidence before working as part of the permanent staff team. The service had started to implement the new care certificate. This is a national initiative to develop the abilities of staff and demonstrate they have key skills, knowledge and behaviours.

Staff received ongoing training such as medication management. The training consisted of a combination of face to face and online training. Workbooks were used to check staffs understanding of what they had learned. The management had a spreadsheet which they used to monitor attendance and flag up when refresher training was due. Staff spoke positively about the training and were clear about what they had undertaken and what was planned.

Observations of interactions and practice such as moving and handling demonstrated to us that staff were putting their training in practice.

The care staff demonstrated a good understanding of the Mental Capacity Act (MCA) 2005). Staff were clear that people's capacity to consent could fluctuate and that each decision needed to be looked at individually. We observed throughout the day that people's consent was asked for before any care and treatment was provided. There was documentation in place to evidence best interest decisions such as flu injections. The manager was aware of the

Deprivation of Liberty Safeguards (DoLS), where applications need to be made to the local authority if there was a need to restrict someone's liberty for their own safety. The manager told us people's needs would be reassessed in relation to this legislation.

People were supported to maintain a balanced diet. We observed food served from a hot trolley that looked appetising and well presented. Portion sizes looked good but not overwhelming and condiments were available. People were asked at the lunch table which of the two choices they would like, and the menu was displayed. One person had not been eating well and we saw that that staff were alert to this and they and another individual were given time and assistance to eat. Drinks were available within peoples reach and we observed staff assisting people to drink throughout the day.

People were supported with their health needs. One person said. "You only need to mention it and the machinery is put into action to get it arranged, If I need the doctor he comes, I have just had some hearing aids."

We saw that nutritional assessments were undertaken and people's weight were monitored. Referrals were made to health professionals such as the speech and language team to look at swallowing when an issue was identified. Where advice was given we saw that it was documented and followed. One individual had been told to keep their legs elevated and we observed that staff followed this advice.

Records were maintained of the relevant health professionals and we saw that people had access to opticians, chiropodists. Records reminded staff of the areas to look out for such as pain and facial expressions.

Is the service caring?

Our findings

People told us that staff were very caring and kind. A relative told us that staff, "Give 100%, the care is fantastic I can't praise it enough" Another relative said "I haven't been able to find any comparison, it is excellent." One person said "The level of care is superb, it is the small things....anything you need can be catered for and dealt with....the relationships between the carers and the cared for is very good, there is no them and us we are a team."

Staff were motivated and proud of the care they provided, one member of staff said. "We go the extra mile here." Another member of staff said, "It is exceptional here we really get to know the residents well." "We saw that one individual had recently fallen and were told that staff had sat with them all night to comfort them and make sure they were not distressed. Our observations were that staff were attentive, ensuring that people had cushions and blankets and asking them if they were comfortable. They checked that people had all they needed close by such as a drink and their handbag. The interactions were warm and respectful. We observed that one individual had not been eating well and noted the efforts that staff had made to support that person. They were sensitive to the fact that the person did not like eating in front of others so made other arrangements to ensure they had the privacy they needed. We saw that the manager, who was on holiday had heard that the person was not themselves and came into the service. They had brought a brightly coloured bowl which they had found and thought that this might encourage the person to enjoy their meal.

Staff knew people very well and understood how best to communicate with them. For example We observed a member of staff talking to a person who was unable to communicate verbally. The member of staff had a handheld white board with which they supported the person to effectively respond so that the member of staff could clearly understand their wishes. The atmosphere was calm and relaxed and we observed staff taking their time to talk with people and ensure that they understood what they were trying to do. Staff were very aware of people's body language and could understand what people wanted

by observing and responding to subtle signals. We saw one person eating a cake very slowly, staff respected the pace that the individual was eating and did not take over. However when the person stopped they got down to the persons level and asked them discreetly if they could help by breaking up the cake. One relative spoke about how staff were alert to their relatives needs although they were not able to verbalise them, "They know all her little gestures."

One person told us that they felt listened to and said staff, "Take suggestions on board." We saw that monthly residents meetings were held. We looked at the minutes of these and saw that people's contributions were encouraged and suggestions were acted upon. One of the areas that had been raised at a recent meeting had been the size of the print for the menus. We saw that actions had been taken to address this. The minutes reflected lively debate about food and we saw that one person had brought a recipe which they had got from a local restaurant and we saw that the cook had subsequently prepared the dish. People gave daily feedback on the meals in a notebook and this was shared with the cook.

People's personal histories and life stories were well known by the staff and documented in people's care plans. We saw that, although this was a service owned by sisters from a Catholic order, people from other faiths and no faith were welcomed. People told us that their wishes and choices in respect of their faith were respected.

Peoples dignity and privacy was respected. Staff spoken with were aware of the importance of maintaining peoples dignity and the steps that they could take to promote peoples independence. We observed that people looked well cared for. A relative told us that staff were aware of the "little things" such as the importance of her relative wearing her perfume. We saw examples of staff promoting independence such as encouraging a person to get their own footstool, rather than getting it for them and enabling them to propel themselves in their wheelchair. A number of staff had recently volunteered to be "resident for the day" to more fully understand what is like to be dependent on others.

Is the service responsive?

Our findings

People told us that the care provided was highly personalised. One relative said, "This is a community rather than a care home, people are lucky to be here, it is better than it could be at home."

The staff team was stable and the majority had worked at the service for many years and knew people's needs well. Staff told us that handovers took place at key points in the day which ensured that information was handed over. Staff told us that handovers provided an opportunity to reflect on people's care and what could be better. One member of staff said, "We know our residents inside out." We observed that staff knew people well as we spoke with one of the seniors as we had a query about a person's weight; the member of staff had this information at their fingertips and was able to clarify the information without having to look at the records.

Staff told us that the service operated a key worker system and each individual had two key workers who took responsibility for checking on practical items such as toiletries but also that the personal care section of the care plans were up to date.

We looked at a sample of the documentation and saw that preadmission assessments had been undertaken to identify people's needs before admission. This information was used as a basis of the care plan. The deputy manager told us that they were in the progress of undertaking updates of all care plans and we saw that this was underway. The sample that we looked at were detailed and the information was easy to find. The information included details about people's needs and how care should be provided to meet them. "This is me" was in place and detailed people's preferences.

There were a range of activities undertaken and we saw that there was a cheerful snowman in the corner of the room which people living in the service and staff had completed. Staff were supported in the provision of activities by one of the sisters and longstanding volunteers who come in to undertake crafts and music sessions. We saw examples where people's wellbeing was being promoted. One person had one to one sessions with an reflexologist and was also being supported to go out into the community on a regular basis which we were told had reduced their anxiety. A relative told us that their relative was sometimes lonely at a specific point in the day so staff suggested that they spend time with them in the staff room and this was working well. Minutes of the residents meetings showed that there had been discussions about the arrangements for Christmas and outings.

People told us that they did not have any concerns and were happy with the care. However if necessary they would be happy to raise concerns and had confidence that they would be dealt with. We saw that a complaints procedure was in place although it was agreed that it would be updated to reflect the contact details of the local government association and this was immediately undertaken. No formal complaints had been received since the last inspection.

We saw that surveys were sent out to people who lived in the service, family and friends, volunteers and staff. These gave the chance for people to provide feedback to the service. The surveys we viewed were positive and praised the service. Some staff had requested additional support in the mornings and we saw that additional staff had been provided to assist people get up.

Is the service well-led?

Our findings

Everyone we spoke with told us that they would recommend the home as it provided good care. One person said, “The managers are always available and are approachable, they listen and taken on board what is said.” A relative told us, “Staff are very supportive of the ethos, they are very caring ...they have a like-minded attitude.”

Care staff told us that although they had worked elsewhere they thought it was “exceptional” and it was a “home from home.” One person said “You really get a warm feeling here.”

A person-centred and open culture was promoted at the service and staff knew about the duty of candour and the importance of being open and honest when things did not work well. They were clear about their responsibilities in terms of reporting and expressed confidence that they would be addressed.

There were clear governance arrangements in place. The home is run by sisters from a Catholic religious order and the homes trustees met twice yearly to review the service that is provided and plan for the future. Staff told us that some of the trustees were visible and regularly visited. The service manager and deputy manager both work at the service on a supernumerary basis and ensure that one or other of the management team were on site both during weekdays and weekends. As they were supernumerary they told us that they were able to help out if needed and had time to lead and explore how improvements could be made.

The manager was described as supportive and staff and relatives told us that they felt their opinions were listened to. The deputy manager was relatively new in post and staff

were positive and said that they were helpful and that they knew their job. Communication was described as effective and we were told there was sufficient time at handovers to have a full discussion and ensure information was passed on. Regular supervision sessions and staff meetings were held.

We saw that there were a range of systems in place to monitor the quality of the care and drive improvement. The service had a number of spreadsheets including a training matrix which identified when staff had completed training and when future training was planned.

Medication, care plan and health and safety audits were undertaken on a regular basis to identify if any improvements were needed. We saw that where shortfalls were identified actions were undertaken following their completion. One of the areas where they had identified as needing improvement was staff supervisions but the deputy manager told us that these were now up to date and they had a new spreadsheet in place to monitor progress.

The registered manager understood their responsibilities and had sent all of the statutory notifications that were required to be submitted to us for any incidents or changes that affected the service. They told us that they had been involved in the home life initiative which is a development programme which supports quality and making positive changes in care homes.

We saw that an independent person visited the service on behalf of the provider on a monthly basis and completed quality monitoring reports. We saw that this individual spoke with residents as well as observing care delivery.

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.