

Franciscan Missionaries of St Joseph Franciscan Convent Blackburn

Inspection report

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Date of inspection visit: 30 September 2015
Date of publication: 30/10/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This was an unannounced inspection which took place on 30 September 2015. The service was last inspected in January 2015 when we found it to be in breach of three of the regulations we reviewed. This was because the people were not protected against the risks associated with the unsafe management of medicines. In addition the provider did not have robust quality assurance

processes in place and did not have suitable arrangements in place to ensure that people employed for the purposes of carrying on the regulated activity were supported by receiving supervision and appraisal.

Following the inspection in January 2015 the provider sent us an action plan telling us what they intended to do make the improvements needed. This inspection took place to check that the required improvements had been made.

Summary of findings

During this inspection we found the previous breaches of regulations had been met. However, we identified a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The Franciscan Convent is a home caring for the elderly Sisters of the congregation of the Franciscan Missionary of Saint Joseph. The service also accommodates females from other religious denominations. The service is registered to provide accommodation and personal care for up to 13 people. There were 9 people living at the service at the time of our inspection.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they were able to make choices about the way they wanted their care to be provided. However we found the provider was not meeting the requirements of the Deprivation of Liberty Safeguards (DoLS); these safeguards ensure that any restrictions in place are legally authorised and in a person's best interests. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We have made a recommendation that the provider takes the necessary action to review and record the legal basis on which people are authorised to take decisions on behalf of people who use the service.

People told us they felt safe in the Franciscan Convent. Staff had received training in safeguarding adults. They were able to tell us of the correct action to take should they witness or suspect abused.

Staff were safely recruited. We saw that staff received the induction, training and supervision necessary to enable them to do their jobs effectively and care for people safely. During the inspection we observed staffing levels were sufficient to meet people's needs. People told us staff always responded immediately should they request any support or assistance.

All the people we spoke with provided positive feedback about the kindness and caring attitude of staff. Staff demonstrated they had a good understanding of the needs of people who used the service. They told us they would support people to maintain their independence as much as possible.

Systems for managing medicines in the service were safe and we saw that staff worked in cooperation with health professionals to ensure that people received appropriate care and treatment.

We saw there were risk assessments in place for the safety of the premises and equipment used. All areas of the home were clean and well maintained. Procedures were in place to prevent and control the spread of infection. Systems were in place to deal with any emergency that could affect the provision of care such as a fire or the failure of the electricity and gas supply.

People's care records contained good information to guide staff on the care and support required. People told us they received the care they needed. The care records we reviewed showed that risks to people's health and well-being had been identified and plans were in place to help reduce or eliminate the risk.

Care records were regularly reviewed to help ensure they reflected people's current needs. Systems were in place to help ensure staff were always informed should a person's needs change.

People we spoke with told us they had chosen the service because of its quiet and calm nature. We saw people were supported to attend religious services and social gatherings in the Convent. A limited number of activities were organised but all the people we spoke with told us this suited their needs.

Staff told us they enjoyed working in the service and found the managers to be supportive and approachable. Regular staff meetings took place and were used as a forum to discuss how the service could be improved.

To help ensure that people received safe and effective care, systems were in place to monitor the quality of the service provided. Regular checks were undertaken on all aspects of the running of the home.

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 safe.

People told us they felt very safe in the Franciscan Convent.

Staff had been safely recruited and knew what action to take to protect people from the risk of abuse. There were sufficient numbers of staff to meet people's needs.

The system for managing medicines was safe and people received their medicines when they needed them.

People were provided with a good standard of accommodation which was clean, secure and well maintained.

Good



Is the service effective?

Improvements needed to be made to ensure the service was effective.

Although people told us they were able to make their own choices and decisions about the care they received, we found procedures were not in place to protect the rights of people who were unable to consent to their care in the Franciscan Convent.

Staff had received the induction, training and supervision they required to be able to carry out their roles effectively.

Systems were in place to help ensure people's health and nutritional needs were met.

Requires improvement



Is the service caring?

The service was caring.

People spoke positively of the kindness and caring attitude of the staff. We observed staff respected the privacy and dignity of people who used the service.

Staff demonstrated that they had a good understanding of the care and support that people required. People were supported to maintain their independence as much as possible.

Good



Is the service responsive?

The service was responsive to people's needs.

People told us they always received the care they required. Care plans were regularly reviewed and updated to help ensure the information contained within them was fully reflective of the person's needs.

Good



Summary of findings

People who used the service told us they enjoyed the quiet and reflective nature of the home. Staff provided support for people to attend religious services in the Convent or to access the local community should people wish to do so.

Is the service well-led?

The service was well-led.

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

Staff told us they enjoyed working at the Franciscan Convent and felt well supported by the managers in the service.

Quality assurance processes in the service were now more robust and should help drive forward improvements in the service.

Good



Franciscan Convent Blackburn

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 30 September 2015 and was unannounced.

The inspection team consisted of two adult social care inspectors.

Before our inspection we reviewed the information we held about the service including notifications the provider had

made to us. We contacted the Local Authority safeguarding team, the local Healthwatch organisation and the local commissioning team to obtain their views about the service. No concerns were raised about the service provided in the Franciscan Convent.

During the inspection we spoke with five people who used the service and one visitor. In addition we spoke with the registered manager, the assistant manager, two members of care staff and the kitchen assistant. We also observed interactions between people who used the service and staff over the lunchtime period.

We looked at the care records for three people and the medication records for all the people who used the service. We also looked at a range of records relating to how the service was managed; these included four staff personnel files, training records and policies and procedures.

Is the service safe?

Our findings

At our last inspection in January 2015 we had concerns that people who used the service were not protected against the risks associated with the unsafe management of medicines. During this inspection we found the required improvements had been made.

People who used the service told us they always received their medicines when they needed them. One person told us, “We always get our medicines at lunchtime and tea time.” Another person commented, “I take tablets at night; staff bring them round.”

We found there were policies and procedures in place to support the safe administration of medicines. We found that medicines, including controlled drugs, were stored securely and only authorised, suitably trained care staff had access to them. We noted, where necessary, people had signed to confirm their consent for staff to administer their medicines.

We saw, where appropriate, people were supported to maintain their independence in taking their medicines. Where people took responsibility for their own medicines, risk assessments were in place to ensure people understood what medicines they were prescribed and when they should be taken. We noted these risk assessments had been reviewed on a regular basis to ensure the information was up to date.

All the care records we reviewed contained information about the medicines people were prescribed. We noted that since our last inspection protocols had been introduced for medicines prescribed for individuals on an ‘as required basis.’ These contained information about whether people were able to ask for pain relief medication and the action staff should take to help ensure people always received the medicines they needed.

We looked at the medication administration record (MAR) charts for all the people who used the service. These were fully completed and showed that people had been given their medicines as prescribed. This helped to ensure people’s health and well-being were protected.

Since our last inspection the registered manager had introduced a system for assessing the competence of staff to safely administer medicines. Records we looked at showed 10 of the 18 staff responsible for administering

medicines had completed refresher training in the safe administration of medicines in the previous 12 months. The registered manager told us staff continued to administer medicines in pairs which reduced the risks of errors occurring; there had not been any medication errors since our last inspection.

All the people we spoke with told us they felt very safe in the Franciscan Convent. Comments people made to us included, “I feel safe because there is always someone here”, “I feel entirely safe here” and “The atmosphere means I feel safe.”

Staff had received training in safeguarding adults. All the staff we spoke with were able to tell us of the correct action to take should they witness or suspect abuse. Staff also told us they would feel confident to report poor practice and were confident any concerns they might raise would be listened to by the managers in the service.

Recruitment procedures had been improved in the service since our last inspection. All applicants were required to provide a full employment history and to explain any gaps in their employment.

We looked at four staff personnel files. These files included an application form that documented a full employment history, a medical questionnaire, a job description and at least two professional references. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

The registered manager told us they would always introduce potential new staff to people who used the service. They told us one person who used the service had recently provided written feedback following their conversation with an applicant for a post in the service. The registered manager told us they would always listen to the views of people who used the service as it was important that they felt comfortable with new staff.

People who used the service told us there were always enough staff on duty to meet their needs in a timely manner. One person told us, “If I rang the bell they [staff] would be here in a flash.” Another person commented, “Staff respond immediately if I need any support.”

Is the service safe?

Staff we spoke with told us they always had time to spend with people. One staff member told us, “You don’t feel like you have to ask people to wait all the time. I feel like I’m properly caring for people.”

We looked at the care records for three people who used the service. We found these records contained good information about the risks people who used the service might experience including those relating to falls, skin integrity and restricted mobility. Risk management plans provided guidance for staff about the support people required to minimise any risks. All the risk assessments had been reviewed on a regular basis and updated to reflect when people’s needs had changed.

Our observation during the inspection showed all areas of the service were clean, free from unpleasant odours and well –maintained. Infection control policies and procedures were in place to support staff to deal with the risks of cross infection and regular checks were undertaken to ensure a high standard of cleanliness was maintained throughout the service. Since our last inspection we noted all staff, including two of the Sisters of the Franciscan Missionary who regularly worked in either the kitchen or the laundry, had completed training in infection control.

Records we reviewed showed that the equipment used within the Franciscan Convent was serviced and maintained in accordance with the manufacturers’ instructions. We saw that regular maintenance checks were carried out and action taken where necessary to address any issues found.

We looked to see what systems were in place to protect people in the event of an emergency. We saw procedures were in place for dealing with utility failures and other emergencies that could affect the provision of care. We also saw that personal emergency evacuation plans (PEEPs) had been developed for all the people who used the service which were easily accessible for staff in the event of an emergency. Inspection of records showed that a fire risk assessment was in place and checks had been carried out to ensure that the fire alarm, emergency lighting and fire extinguishers were in good working order. Regular fire drills also took place. This helped to ensure the safety and well-being of everybody living, working and visiting the service.

Is the service effective?

Our findings

At our last inspection in January 2015 we found the provider did not have effective systems in place to provide people employed in the service with effective training, supervision and appraisal. During this inspection we found the required improvements in this area had been made.

We reviewed the personnel file for a staff member who had been recently recruited to work in the service. We saw that they had completed an induction period and had received an appraisal of their performance. We noted that in their appraisal preparation form this staff member had stated, "There is nothing I would be afraid to ask if I was in a situation where I didn't know what to do. The support you [the registered manager] provide is excellent." This demonstrated staff were provided with effective support and supervision to help them to deliver safe and appropriate care.

Staff told us they received the training they required to be able to carry out their role effectively. One staff member told us, "I've done lots of training which is good." Another staff member commented, "We are always on courses now." The registered manager told us they encouraged staff to complete on line training courses and would ensure staff were always paid for any training they completed in their own time. Records we reviewed showed staff had received recent training in safeguarding adults, infection control, moving and handling and fire safety.

From our review of staff personnel files we saw a system of regular supervision and annual appraisal had been introduced. Staff we spoke with told us they were able to use supervision sessions to discuss any issues of concern or training needs with the registered manager.

We asked staff about their understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS); these pieces of legislation provide legal safeguards for people who may not be able to make their own decisions. One staff member told us they had not completed recent training in the MCA but they were aware able to demonstrate an awareness of the principles of the legislation. Staff told us they would always ask people for their consent before they provided any care or support. One staff member commented, "We always ask people what they want. People pick their own clothes, what they want for meals and if they want to go out."

All the people we spoke with confirmed they were able to make their own choices and decisions about the care they received. Comments people made to us included, "I can please myself. No one tells me what to do", "You can do more or less what you want" and "I like being here because I can go out when I want."

Care plans we reviewed contained information about the decisions people were able to make for themselves. The care records provided guidance for staff to help ensure they communicated effectively with people who used the service to support them to exercise choice regarding their care and support.

During the inspection we were told staff needed to constantly supervise a person who used the service due to the risk of them wandering and potentially falling. From our conversation with the person concerned we were able to ascertain that it was unlikely they were able to consent to their care in the Franciscan Convent although they did not object to being there. We asked the registered manager whether an application had been made to the local authority for them to assess if the restrictions in place needed to be legally authorised under the DoLS framework. They told us they were not aware that this was necessary. They told us it was some time since they had completed training in DoLS and were not aware of the court judgment which had affected when people were considered to be deprived of their liberty in a residential setting. The registered manager told us they believed a senior Sister in the service had the legal authority to make decisions on behalf of the person concerned so they did not think any other authorisation was necessary. The registered manager agreed to submit the DoLS application as a matter of urgency to protect the rights of the person concerned.

It is recommended that the provider takes the necessary action to review and record the legal basis on which people are authorised to take decisions on behalf of people who use the service.

The lack of procedures to ensure that people who used the service, or those acting lawfully on their behalf, had given consent before any care or treatment was provided was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their

Is the service effective?

health care needs were met. We looked at the kitchen and food storage areas and saw good stocks of food were available. The kitchen was clean and we saw that all the required checks were completed to ensure the equipment was working and safety standards were maintained.

When we asked people who used the service about the food provided in the Franciscan Convent they told us that they were not informed of the meals to be served each day but they told us this did not concern them. They told us the quality of the food provided was good. One person told us, "The food is good. We never know what we are having unless its fish day but I like everything I get." Another person commented, "The food is very good. I don't know what I'm having for lunch but they would give me something else if I didn't like it." The kitchen assistant we spoke with confirmed they would always provide an alternative for a person if they did not like the meals on the menu.

Members of the inspection team sampled the lunchtime meal and observed the lunchtime experience in the dining room. We found that people were offered a choice of main course and dessert. The meals served were freshly cooked, well-presented and appetising. We found the experience to be relaxed and unhurried. People who used the service told us they had enjoyed the meal.

Records we looked at showed people's health needs were clearly documented and regularly reviewed to ensure they received effective care. Care records also included information about people's nutritional needs and regular monitoring was carried out to check people's weight.

We saw that a record was maintained of all visits by health professionals and of any advice given; this should help ensure people received the care they required. The visitor we spoke with told us staff would always request a visit from the doctor if they had any concerns regarding a person's health.

Is the service caring?

Our findings

All the people we spoke with provided very positive feedback about the staff in the service. Comments people made to us included, “The staff are always nice. I can’t fault them”, “Staff are always helpful. I don’t think you could find nicer staff” and “Staff are very considerate.” The visitor we spoke with told us, “[Name of staff member] is exceptional. Nothing seems too much trouble for her. She goes out of her way for people. I feel [my relative] couldn’t be anywhere better.”

During the inspection we observed staff were warm and caring in their interactions with people who used the service. We saw that staff knocked and waited for an answer before entering bathrooms, toilets and people’s bedrooms. This was to ensure people had their privacy and dignity respected. The visitor we spoke with told us they had heard staff speaking to their relative when they were unaware of their presence and had always found them to be respectful and caring in their approach.

Although the ethos of the service was Catholic, people who were not of this faith told us they were treated equally and with respect by staff. We observed there was a strong sense of community in the service. People received daily visits from the Sister responsible for the Convent to check on their welfare and provide social contact.

Staff demonstrated a commitment to providing high quality person centred care and promoting people’s independence. One staff member told us, “For example we don’t feed people if they don’t need assistance. I know it would be quicker but we want to keep people as independent as possible.” A person who used the service also commented, “Staff support us in a very unobtrusive way to make sure we are alright.”

All the staff we spoke with demonstrated they had a good understanding of people’s needs and wishes. Care records we looked at contained good information about people’s interests, family and past experiences. This information should help staff form meaningful and caring relationships with people who used the service. We noted that all care records were held securely; this helped to ensure that the confidentiality of people who used the service was maintained.

We asked the registered manager to tell us how staff cared for people who were very ill and at the end of their life. We were told that one of the care staff was undertaking the ‘Six Steps’ end of life training; this programme guarantees that every possible resource is made available to facilitate a private, comfortable, dignified and pain free death. We spoke with the staff member who was in the process of completing this training. They told us they were the ‘end of life’ champion for the service to help ensure the knowledge gained from the programme was embedded into the care provided in the service.

Is the service responsive?

Our findings

We asked the registered manager to tell us how they ensured people received safe care and treatment that met their individual needs. We were told that people had a detailed assessment of the support they required before they were admitted to the home. This was to help people decide if the nature of the service was appropriate for them and also to ensure people's individual needs could be met by the staff.

Care plans we reviewed were personalised and addressed all areas of people's lives including physical health, nutrition, medication and communication. We noted all care plans had been reviewed each month and updated to reflect any changes in people's needs. Where possible we noted people who used the service had signed their care plan to show their agreement with its content. The visitor we spoke with told us the assistant manager had showed them their relative's care plan. They commented, "I had a look at it but nothing needed changing."

Staff told us the managers in the service would always tell them if a person's care plans had been updated. They told us they also had time to read care records and the daily report book to help ensure they were aware of any changes to the care a person required.

People we spoke with who used the service told us that they were happy that the staff knew what care they needed and wanted. One person told us, "Staff provide us with what we need in a quiet way, without a fuss." The visitor we spoke with told us staff had responded appropriately to their family member's changing needs. They commented, "The care [my relative] receives now is more than she got 6 months ago as she has deteriorated a little bit. They [staff] check on her regularly as she's reluctant to ask for help."

We spoke with people who used the service about the activities on offer to them. They told us they had chosen the service because of its calm and quiet nature and were

content to spend time reading or watching television in their bedrooms, although they were also offered opportunities to go out with staff if they wished to do so. People told us they were supported to attend the daily religious services in the chapel of the Convent if they so wished. We were told some people who used the service also chose to spend time in the communal areas of the Convent in the evenings to socialise with other members of the community. A limited number of activities and trips were organised by the service but people told us this suited their needs.

We asked the registered manager about the system for managing complaints in the service. They told us, due to the small nature of the service, they always responded immediately to rectify any concerns raised. They told us that they spoke on a daily basis to people who used the service and to their family members whenever they visited. They told us they did not therefore feel the need to hold resident meetings. The registered manager told us they had tried to introduce satisfaction surveys into the service but had found people to be reluctant to complete them. We saw one completed survey on one of the care records we reviewed and saw it contained positive feedback regarding all aspects of the service.

All the people we spoke with told us they would feel confident to speak to the managers or staff in the service should they have any concerns. Comments people made to us included, "I can't find any complaints about it. I would tell [the registered manager] if I was unhappy but I've never had to do that. I would tell her right away and she would get it sorted", "There is nothing I would change about here" and "I would tell [the registered manager] or staff if I had any worries and they would definitely listen to me." The registered manager told us that the Sister responsible for the running of the Convent would also ensure that if any concerns were raised with them during their daily visits to people who used the service these were brought to the attention of staff and resolved immediately.

Is the service well-led?

Our findings

The service had a registered manager in place as required under the conditions of their registration with CQC. The registered manager told us they had been in post at the service for almost 25 years.

People we spoke with during the inspection gave positive feedback about the registered manager. The visitor we spoke with told us, “The manager is great. If there are any problems she will ring.”

At our last inspection in January 2015 we found the service had limited quality assurance processes in place. At this inspection we found the required improvements had been made which meant the regulation had now been met.

From our review of records we saw the registered manager had introduced a robust system of audits relating to care plans, medication, infection control and the environment. These audits had been regularly completed and any required actions identified.

We asked the registered manager what they considered to be the key achievements in the service since our last inspection. They told us this had been the development of more robust quality monitoring systems and the introduction of regular supervision and appraisal sessions

with staff. They told us their key challenge for the next 12 months was to ensure these systems were fully embedded in the service in order to continue to drive forward improvements.

Staff told us they enjoyed working in the service and found the managers to be approachable and supportive. Records we looked showed regular staff meetings took place. We saw that these meetings were used as a forum to remind staff of important issues such as infection control, training and the recently introduced duty of candour which promotes a culture of openness and transparency in services. Staff told us they felt able to raise any concerns or suggestions at staff meetings and considered their views were listened to.

During our inspection we observed the atmosphere in the service was relaxed. We noted the registered manager and assistant manager were visible throughout the day and provided direction and support for staff when necessary.

We saw that the registered manager had introduced a system to regularly observe staff when they were on duty. This involved checking that staff were administering medicines safely and that appropriate moving and handling techniques were used. 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.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>The provider did not have effective arrangements in place to ensure that people who used the service, or those acting lawfully on their behalf, had given consent before any care or treatment was provided.</p>