

Sisters Hospitallers of the Sacred Heart of Jesus Footherley Hall

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 7 October 2014 and was unannounced. This meant the provider and staff did not know we were coming.

Footherley Hall provides care and support for up to 50 people. On the day of our inspection 49 people were using the service.

The registered manager was no longer working for the service. A new manager had been appointed and they were going through our registration process to become the registered 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.

We found the service had processes in place to ensure people received medicine prescribed for them in a safe manner.

We saw people who used the service received care which was regularly reviewed to ensure their current needs were met and meant their care could be delivered safely.

Summary of findings

People received care which reflected their preferences because the service had consulted them about their likes and dislikes.

The legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were being followed. Staff understood their role in protecting people's human rights,

People who used the service were happy with the care provided and we observed staff helping people with kindness and compassion.

People and those important to them were consulted about the home and we saw this feedback was used to improve the care experience for people living at Fotherley Hall.

The manager regularly assessed and monitored the quality of the service to identify if any aspects of care required 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 safe.

We saw that risks to people were assessed and regularly reviewed to ensure people were safe.

The level of staffing had been reviewed and increased to reflect people's needs.

There were processes in place to ensure the administration, storage and disposal of medicines was safe.

Good



Is the service effective?

The service was effective.

Staff had access to training which was relevant to support the people they cared for.

Staff understood their responsibilities and protected people's rights by following the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People had access to health care professionals to support their continuing health and well-being.

Good



Is the service caring?

The service was caring.

We saw good communication between people and staff.

People and the relatives we spoke with told us the people who used the service were treated with dignity and respect.

We observed staff supporting people with kindness, care and compassion.

Good



Is the service responsive?

The service was responsive.

People's care records contained detailed information so that their care could be provided in the way they preferred.

People's needs had been assessed and were regularly reviewed to ensure they met their current level of need.

People and their relatives were encouraged to offer feedback about the care they received. The service responded to people's comments by making changes and improvements.

There was a complaints process in place and we saw that concerns were investigated and responded to in a timely manner.

People were supported to maintain their interests and hobbies.

Good



Is the service well-led?

The service was well-led.

There were structured and effective management arrangements in place.

Good



Summary of findings

The provider monitored the quality of the service they provided to ensure the care met the needs of the people who used the service.

Footherley Hall

Detailed findings

Background to this inspection

This inspection took place on 7 October 2014 and was unannounced. Our inspection team consisted of two inspectors and a specialist advisor. A specialist advisor is someone who has current and up to date practice in a specific area. The specialist advisor that supported us had experience and knowledge in dementia care.

Before our inspection we asked the provider to complete a Provider Information Return (PIR). The document allows the provider to give us key information about the service, what it does well and what improvements they plan to make. Prior to the inspection we reviewed the PIR and information we held about the service including safeguarding and notifications. A notification is information about important events which the service is required to send us by law.

The home is owned by the Sisters Hospitallers of the Sacred Heart of Jesus who have a convent adjoining the home. The registered manager is responsible for the care staff and the Mother Superior for the nuns.

During the inspection we spoke with seven people who used the service and four relatives. We also spoke with ten members of staff, the manager and Mother Superior. We observed care and looked at records for six people to understand their experience of care.

Some people who used the service were unable to speak with us about their care. We used our Short Observational Framework for Inspection (SOFI) which is a specific way of observing care to help us understand the experience of people who are unable to tell us about their care.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Footherly Hall. One person said, “I wake up in the morning and feel just like I’m safe at home”. A relative told us, “I can see from their body language they feel safe and secure here”. This meant people felt protected and secure in their environment.

All the staff we spoke with were able to tell us how they kept people safe and protected them from harm and abuse. This demonstrated they understood the responsibility they had for reporting concerns and who to report these to.

Staff told us they were aware of the whistleblowing policy and would have no hesitation using the process to express concerns if they needed to. A whistle blower is a person who exposes concerns about poor care in an organisation. Staff told us they were confident they would be supported through the process by management.

People’s risk of harm was assessed. Some people had been assessed to be at high risk of falling or requiring specialist equipment to move. We saw where risks had been identified appropriate plans were in place and meant that people’s movement was supported in line with their assessed need.

Some of the people at Footherley Hall were living with dementia and presented with behaviour that challenged others. People’s behaviour was monitored and recorded so that triggers might be identified and this helped staff to plan the best way to support the person to keep them and others, safe.

We saw that accidents and incidents were reported and investigated appropriately. Trends were being monitored to identify if there was any connection between staffing levels and when people had unobserved falls. To ensure staff were fully informed of any incidents the manager had implemented a communication system called alert, cascade and action (ACA) which meant staff were fully updated with information as quickly as possible. A member of staff said, “It’s great, we find out about things so much faster now”. This meant important information could be communicated to staff quickly.

People were looked after in a safe environment, with regular checks on the fabric of the home to reduce health

and safety incidents. There were detailed plans in place to ensure that people would be supported appropriately if an emergency such as a fire occurred. The personal emergency evacuation plans included extensive information about the person’s abilities and additional information for the emergency services was recorded including the location of utility cut-off points.

People told us the staff always came when they needed them. All the staff we spoke with told us there were enough staff to meet people’s needs. The manager had reviewed the staffing levels when they started working at the home. They had identified that support from an additional carer would improve people’s timely access to care first thing in the morning and in the evening. The rota’s had been amended so that there was a larger shift overlap period. This meant the manager had recognised the need to change staffing arrangements to reflect people’s needs.

During the inspection we looked at four staff files to assess if the selection and recruitment processes were safe. All of the files we looked at contained full details about people’s previous work history, appropriate references and checks on their suitability to work with people. This meant there was a suitable recruitment process in place.

We observed the administration of medicines during this inspection and found there were safe processes in place. Some medicines, such as painkillers, can be given on an ‘as and when required basis’, this is known as PRN medicine. We saw the member of staff asking how people were feeling and if they had any pain or discomfort. Staff also checked that if people had been given medicines for pain relief earlier in the day that it had been effective for them.

We saw that medicines were stored appropriately and safely. There were arrangements in place to monitor the temperatures of the medicine refrigerators and pharmacy rooms. This meant there were checks in place to ensure the condition of the medicines would not be compromised by inappropriate storage.

Medicine that was no longer required was recorded and disposed of promptly and correctly. We saw that a system for checking the stock level of controlled medication had been altered and improved after a potential mismatch had been identified. This process meant discrepancies in the stock of controlled medicines could be identified within a short time period.

Is the service effective?

Our findings

People told us the staff knew how to care for them. One person said, “They know what they’re doing”.

Staff told us they were supported to gain nationally recognised qualifications in care and had access to appropriate training to provide them with the knowledge they needed to support the people they cared for. During our inspection some staff were attending a practical training session on safe moving and handling techniques. We saw people being moved safely, using appropriate equipment and techniques during our inspection. Staff told us they received training via a variety of formats which meant it would meet their preferred learning style.

Staff we spoke with said they felt supported by their managers and colleagues. Staff told us they received regular supervision and felt empowered to use the sessions to discuss their personal development and share any concerns they had. Senior carers told us they had recently received guidance from the manager on providing supervision to staff which meant they had a clear understanding of what was expected of them and ensured staff received consistent support. One member of staff told us, “Having this guidance has been really helpful”.

Some people who used the service were unable to make decisions about their care, support and safety. The Mental Capacity Act (MCA) 2005 sets out requirements to ensure appropriate decisions are made in people’s best interests. Staff we spoke with were able to explain their understanding of mental capacity. They told us they had received training about assisting people who were unable to make decisions for themselves and the care records we looked at contained, where they were necessary, some capacity assessments. This meant staff understood how to recognise and support people’s human rights.

The Deprivation of Liberty Safeguards (DoLS) were being followed. Some people who used the service were being deprived of their liberty to keep them safe. Anyone who requires continuous supervision and would not be safe to leave the home independently would be deprived of their

liberty and safeguards must be put in place to protect their rights. Staff were aware of their responsibilities to protect people’s human rights and had made appropriate applications for people who were affected.

During our inspection we saw staff routinely gained consent from people before they provided care. The care records we looked at showed that people or their relatives had been asked to consent to their care and the inclusion of their photograph in their care plan. Asking people for consent meant they could retain some control over their care.

People’s nutritional risks were assessed and monitored. There were arrangements in place to ensure the staff and cook were aware of people’s individual dietary requirements, for example, a soft or pureed diet.

We saw that people were served breakfast in their room and could choose to either eat in bed or sitting in a chair. Staff told us this meant people could have a slower start to the day as they weren’t rushed to get up and dress. People told us they had their sandwich tea in the lounge on Sundays whilst they watched a favourite television programme. Staff said, “We try to make it just like people would do at home”.

During the course of the day we saw people were offered beverages and encouraged to have a drink to maintain their hydration levels and support their well-being. Lunch was served in the dining room, which at the time of our inspection, had baskets of fresh fruit, vegetables and wheat displayed as part of the harvest festival celebration. People told us they could choose their meals and enjoyed the food they were given. During our observation at lunchtime we saw that people were supported by staff and nuns to eat their meal in a calm and relaxed environment which meant they could enjoy a positive meal experience.

People received additional support, whenever necessary, from healthcare professionals. In the care plans we viewed we saw there were timely referrals to the GP when people were unwell, the district nursing service, the dietician and speech and language therapists. This meant staff recognised when people needed specialist support to maintain their health.

Is the service caring?

Our findings

We saw that staff provided care that was compassionate. People's dignity was respected and their diversity recognised. People told us they were very happy with their care. One person said, "The staff take special care of us, they're lovely". Another person said, "It's so lovely here, I can't fault it". A relative said, "The staff are very loving". One member of staff told us, "Most of the staff have worked here for a long time and we're proud of the way we care for people".

We observed good communication between staff, the nuns and the people who used the service. People were treated with patience, kindness and consideration. People looked relaxed in the company of staff. We observed one person joking with staff and them both laughing and enjoying each other's company. This meant people felt confident of their relationship with staff. A relative told us, "I walk out of here with a smile on my face because I know they're going to be ok".

We saw staff supporting people and offering comfort and reassurance when people were upset or disorientated. One person became upset when their relative left and staff

immediately went to them to offer some comfort and support. This meant people's well-being was closely monitored by staff. A relative told us, "I know the staff sit and talk with my [their relative] whenever they get anxious".

People and their relatives told us they were treated with dignity by staff. We saw that requests for personal care were responded to in a timely manner with discretion. This meant staff protected the dignity of the people they cared for. One relative said, "My [their relative's] dignity is paramount".

People and their relatives told us the staff treated them with respect. We observed staff asking people for their consent before providing care and offering them choices. Some people chose to remain in their bedroom rather than sit in the communal areas and we saw staff respected their wishes which meant people's choices were recognised and supported.

People were provided with information in a format which reflected their understanding and we saw signage in place so that people who were living with dementia could understand what was behind closed doors, for example bathrooms. Staff could tell us how people liked to be cared for and what was important to them which reflected they knew people and what was important to them.

Is the service responsive?

Our findings

People and their relatives told us the staff knew what they liked and the ways they liked things to be done. One relative told us, “They always make sure [their relative] has make-up on and is wearing the jewellery they like”.

The care records we viewed were personalised and provided staff with detailed information about people’s likes, dislikes and preferences for care. We saw there was information included which was important to the person, for example how they liked to be settled for the night and the dates of family birthdays so that staff could support the person to send cards, if they wanted to. One relative told us, “My [the person who used the service] wasn’t able to tell staff what they liked so we did it on their behalf. We said they liked a particular flavour jam which they got for them”. This meant staff gained information to support people as they preferred.

People’s needs were regularly assessed and reviewed to ensure they received care that was appropriate for them and reflected changes in their health or well-being. We saw that where, for instance, it was necessary to monitor a person’s weight on a regular basis, this had been completed as planned and meant staff would be able to identify and react to changes appropriately.

People were supported to participate in hobbies and interests which were important to them. On the day of our inspection we saw the nuns reading the daily newspaper to

people using a microphone to ensure everyone could hear, leading prayers at lunchtime and communal singing in the lounge. People told us they liked attending services in the chapel within the convent. The manager told us there were also regular services provided in the home to meet people’s spiritual needs and preferences. Information was on display showing the dates when services would be held. A relative told us, “My [their relative] loves attending the services in the chapel. I think it is being part of the community spirit they like”.

People were encouraged to maintain relationships with their families and friends. We saw visitors were welcomed throughout the day of our inspection and relatives told us they were free to come and go whenever they liked. Some people were using the internet to speak with relatives who didn’t live close enough to visit frequently. This meant people, their families and friends were supported to maintain relationships which were important to them

There were arrangements in place for people to make a complaint if they were unhappy about any aspect of care at Fotherley Hall. Relatives told us they would have no hesitation in speaking to the manager if they were unhappy. One relative said, “I would speak to the manager or care manager without hesitation if I felt there was a problem and I have confidence they would sort it out”. A relative had raised a concern with the manager and we saw this had been communicated to staff immediately so that remedial action could be taken. This meant people’s views were listened to and acted upon.

Is the service well-led?

Our findings

People who used the service and their relatives told us they were happy with the new manager. One relative told us, “I’m impressed with the new manager”. Staff said the found the manager was very approachable and supportive.

People, their relatives and the staff were involved in developing and improving the service. The manager had distributed satisfaction surveys shortly after she had commenced employment. The manager told us she had done this so that she could gauge immediately what people liked about the service and what changes they would like to see. One person had commented that they would like a kipper for breakfast occasionally and this had been arranged for them. Staff had asked for more policies to support their knowledge and we saw these were being developed. This meant the manager recognised the importance of listening to the views of the people who used the service and staff.

People and relatives we spoke with told us they thought the home was well-led. A relative said, “We were given a warm welcome by the manager and staff. Nothing is too much trouble”. Staff we spoke with said there was strong, focused management in place. A member of staff said, “The manager is very proactive. There’ve been some changes with more to come”.

The registered manager had left the service earlier in the year. The provider remained in frequent contact with us whilst they were recruiting a replacement. The new manager, who had been at Fotherley Hall for two months, had worked previously as a registered manager. The manager was going through our process to become the registered manager at Fotherley Hall. Staff we spoke with told us they felt the home was well-led. The management structure within the home was well defined, with the

manager, supported by the care manager responsible for the staff and the Mother Superior responsible for the nuns who provided non personal care, such as help at mealtimes.

Staff understood their own role within the home and told us they appreciated the additional support they gained from working alongside the nuns. Staff told us they felt supported by the manager and had good relationships with the nuns. One member of staff said, “We all work well together”.

The quality of the care being provided was monitored regularly. There was an audit process in place to check the quality and accuracy of recording in care records and on medication charts. The manager told us they had recently undertaken an audit of people’s care records to identify which people were overdue for blood tests and medication reviews. We saw the information had been passed to the GP surgery to be acted upon. This meant there were effective audit processes in place.

The provider and manager were working together to review and implement improvements to the quality of care. The PIR provided information about the ethos of care for the service and clear timescales for the implementation of planned improvements. The manager shared their action plan with us during the inspection and we saw some improvements, including dementia training for staff, had already been achieved. This meant the manager and provider had a robust plan to implement change in the service.

The manager told us they had several best practice, evidence based resources to improve the lives of people who were living with dementia which they would be introducing. This included a variety of memory boxes which are used to help people with dementia to recall people, places and times in their past. This meant the manager recognised the importance of incorporating best practice into the care they provided.

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.

This section is primarily information for the provider

Enforcement actions

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