The Sons of Divine Providence

Cardinal Heenan House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Cardinal Heenan House is located in the rural village of Roby Mill near Wigan and Skelmersdale. The provider, Orione Care, is a charitable organisation. The service provides support for up to 32 adults requiring help with personal care needs. Accommodation is mainly single occupancy, although some rooms are available for those wishing to share facilities. Some amenities are nearby and a chapel is on site. Public transport links are within easy reach and ample car parking spaces are available.

We last inspected Cardinal Heenan House on 02 July 2014, when we found the service to be compliant with five of the six outcome areas we assessed at that time. The management of medications needed some improvement. We followed this up on 22 September 2014 and found the shortfall had been appropriately met.

This unannounced inspection was conducted on 30 March 2016. The registered manager was on duty when we visited Cardinal Heenan. She had managed the day-to-day operation of the service for several years.

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 of the Health and Social Care Act and associated regulations about how the service is run.

There were sufficient numbers of staff on duty to keep people safe. Staff members were well trained and had good support from the management team. They were confident in reporting any concerns about a person's safety and were competent to deliver the care and support needed by those who lived at Cardinal Heenan. The recruitment practices adopted by the home were robust. This helped to ensure only suitable people were appointed to work with this vulnerable client group.

Some areas of the premises had been pleasantly decorated and refurbished. Equipment and systems had been serviced in accordance with the manufacturers' recommendations, to ensure they were safe for use. A range of assessments had been conducted within a risk management framework. This helped to promote people's safety and well-being and protect people from harm. However, we noted that there seemed to be a lack of call bells in the communal area of the home. We made a recommendation about this.

The planning of people's care was based on a thorough assessment of their needs, conducted before a placement at the home was arranged. We found the plans of care to be, in the main, person centred, providing staff with clear guidance about people's needs and how these were to be best met. However, on one occasion changes in an individual's needs were not very clear and in one instance the mental health needs of another person had been identified, but guidance for staff around the management of these needs could have been more descriptive. However, staff we spoke with were easily able to discuss the needs of this particular individual and were fully aware of the care and support they required.

People were helped to maintain their independence. Staff were kind and caring towards those they supported and interacted well with the people who lived at Cardinal Heenan. Assistance was provided for those who needed it in a dignified manner and people were enabled to complete activities of daily living in their own time, without being rushed. However, we found the lunch time service to be somewhat disorganised and chaotic. We made a recommendation about this.

Staff we spoke with told us they received a broad range of training programmes and provided us with some good examples of modules they had completed. Most confirmed that supervision sessions were conducted, as well as annual appraisals. Others felt these could be organised more often.

Mental capacity assessments we saw were not person centred or decision specific and staff we spoke with had little understanding of the Mental Capacity Act [MCA] and Deprivation of Liberty Safeguarding [DoLS] procedures. We made a recommendation about this.

Staff spoken with told us they felt well supported by the registered manager of the home. They spoke in a complimentary way about her management style and described her as being, 'approachable' and 'accommodating'.

Medicines were being well managed. This helped to promote people's safety and protected people from the risk of harm.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

This service was safe.

People felt safe living at the home. At the time of this inspection there were sufficient staff deployed to meet the needs of those who lived at Cardinal Heenan. Necessary checks had been conducted before people were employed to work at the home. Therefore, recruitment practices were thorough enough to ensure only suitable staff were appointed to work with this vulnerable client group.

Robust safeguarding protocols were in place and staff were confident in responding appropriately to any concerns or allegations of abuse. People who lived at the home were protected by the emergency plans implemented at Cardinal Heenan and medications were being well managed.

The premises were safe, clean and hygienic. They were maintained to a good standard. Assessments were conducted to identify areas of risk. Infection control protocols were being followed, so that a safe environment was provided for those who lived at Cardinal Heenan.

Is the service effective?

Good

This service was effective.

The staff team were well trained and knowledgeable. They completed an induction programme when they started to work at the home, followed by a range of mandatory training modules. Staff were supervised and appraisals were conducted.

We established that formal consent had been obtained prior to care and treatment being delivered and systems were in place for the management of Deprivation of Liberty Safeguarding [DoLS] applications. Good explanations were provided to people about any procedures which were needed. We observed some good positive interactions between staff and those who lived at the home.

People were satisfied with the food served and they were offered a choice of meals. Their nutritional requirements were being met.

Is the service caring?

Good

This service was caring.

Staff interacted well with those who lived at the home. People's privacy and dignity was consistently promoted and they were supported to maintain their religious beliefs.

People were supported to access advocacy services, should they wish to do so. An advocate is an independent person, who will act on behalf of those needing support to make decisions. People were treated in a respectful way. They were supported to remain as independent as possible and to maintain a good quality of life. Staff communicated well with those they supported and were mindful of their needs.

Is the service responsive?

Good

This service was responsive.

An assessment of needs was done before a placement was arranged. Written plans of care were, in general person centred. We were confident that those who lived at Cardinal Heenan were receiving person centred care.

An activity programme was available and staff were seen to anticipate people's needs well. The management of risks helped to ensure that strategies were implemented and followed, in order to protect people from harm.

People we spoke with told us they would know how to make a complaint should they need to do so and staff were confident in knowing how to deal with any concerns raised.

Is the service well-led?

Good

This service was well-led.

The service had a quality assurance system in place and records showed that identified problems and opportunities to change things for the better were addressed promptly. As a result, the quality of service provided was continuously monitored.

Staff spoken with had a good understanding of their roles. They were confident in reporting any concerns and they felt well supported by the managers of the service.

People who lived at Cardinal Heenan and their relatives completed satisfaction surveys. This allowed people the

opportunity to periodically comment about the service provided. Responses seen were very positive.

Cardinal Heenan House

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 was carried out on 30 March 2016 by three adult social care inspectors from the Care Quality Commission and an expert by experience. An expert by experience is a person who has experience of the type of service being inspected.

At the time of our inspection there were 30 people who lived at Cardinal Heenan. We were able to ask seven of them and four of their relatives for their views about the services and facilities provided. We received positive comments from those we spoke with.

We also spoke with six members of staff and the registered manager of the home. We toured the premises, viewing a selection of private accommodation and all communal areas. We observed the day-to-day activity within the home and we also looked at a wide range of records, including the care files of seven people who used the service and the personnel records of four staff members.

We 'pathway tracked' the care of seven people who lived at the home. This enabled us to determine if people received the care and support they needed and if any risks to people's health and wellbeing were being appropriately managed. Other records we saw included a variety of policies and procedures, training records, medication records and quality monitoring systems.

The provider sent us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR provided some good information.

Prior to this inspection we looked at all the information we held about this service. We reviewed notifications of incidents that the provider had sent us since our last inspection and we asked local commissioners for their views about the service provided. We also requested feedback from six community

professionals, such as GPs and community nurses. We received four responses, which provided us with positive comments and some of these are included within the body of this report.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. Comments we received included, "It's nice here"; "I've not been frightened, I just carry on with daily things. It's very nice. I'm enjoying it"; "You only have to ask for anything to give you security. You never feel isolated"; "I'm amongst the other people and the carers"; "They're [the staff] lovely. The place itself is beautiful, it's lovely and clean." And "I just feel safe."

When we asked family members about the safety of their relatives, they told us that they had never witnessed anything that worried them. Comments received included, "Every time I've been here there's plenty of staff around. They're aware of what's going on. The residents are never on their own." And "100%, one of the reasons we chose this home is because of the reputation."

One member of staff told us, "We feel people are safe here. We do risk assessments for everyone. We assess mobility too and put risk assessments in place."

During the course of our inspection we toured the premises, viewing a selected number of bedrooms and all communal areas of Cardinal Heenan. We found the environment to be safe and well maintained. It was clean and hygienic throughout, without any unpleasant odours. However, we saw a number of seat cushions on the stairwell, which could have potentially created a trip hazard for those who used the stairs. In discussion, the registered manager agreed to remove these items from the stairwell. We also noted that there seemed to be a lack of call bells in the communal area of the home. It is recommended that this situation be assessed and additional call bells be installed, if deemed necessary. Environmental audits had been periodically conducted and good action plans were in place to further enhance the surroundings for those who lived at the home.

We saw that detailed policies and procedures were in place in relation to health and safety and that associated audits were conducted regularly. This helped to ensure the staff team were provided with current legislation and good practice guidelines and that people were kept safe from harm.

Infection control policies were in place at the home and one member of staff had been appointed as the infection control lead. This helped to ensure that infection control procedures were being followed in day to day practice. Records showed that cleaning audits were conducted and action needed was clearly documented. This helped to ensure that the premises were maintained to a good standard of cleanliness.

The PIR showed that there had been a significant amount of medication errors since our last inspection. We received good evidence from a GP practice to show that relevant personnel from the home had met with GPs to discuss a way forward and the home had worked closely with the practice to improve medicines management at the home.

During our inspection we assessed the management of medicines. We looked at the medication room, which was locked at all times when not in use. Room and fridge temperatures had been recorded appropriately and were within the required guidelines. A room thermometer and a sharps disposal box were

seen.

On the day of our inspection, no person who used the service was being administered controlled medication. However, we were told that several people did receive covert medication. We checked the records for two of these people. We saw the required authorisation had been provided by the GP. A best interest meeting had been held for both people and involved the Lasting Power of Attorneys (LPA's) for both residents. We were shown evidence of the LPA authorisation for one person and a phone call was made to the other person's attorney requesting the authorisation be brought in, which was agreed. We looked at the records of two people who received 'as and when required' medication. Both counts of stock corresponded with records maintained.

Everyone we spoke with told us that they received their medications on time. We observed the morning time medication round. The staff member asked people if they were ready for their medication and provided a drink to help with administration. People were observed which helped to ensure they took their medication as required. The medicine trolley was locked at all times when the staff member was not in attendance. We looked at the Medication Administration Records (MARs) and saw they had been completed appropriately. No gaps were observed. During our inspection we were shown evidence of specific risk assessments and six monthly medication audits carried out by the supplying pharmacist. Any shortfalls had been appropriately addressed in line with requirements.

During our inspection we looked at the personnel records of four people who worked at Cardinal Heenan. We found that prospective employees had completed application forms and medical questionnaires. They had also undergone structured interviews. This helped the management team to determine if applicants met the required criteria, in accordance with company policy. All necessary checks had been conducted, which demonstrated robust recruitment practices had been adopted by the home. This meant those who were appointed were deemed fit to work with this vulnerable client group and therefore people's health, safety and welfare was sufficiently safeguarded. However, we established that several volunteers worked at the home on a regular basis and some had done so for many years. We spoke with one of the volunteers who told us that they had not undergone a police check, because they had never been asked to do so. The registered manager made arrangements immediately to conduct relevant checks for all voluntary workers, including DBS checks and references, which was good practice.

A record of any safeguarding concerns had been retained within the home, so that a clear audit trail was available to show details of the incident, reporting procedures, action taken following the event and the outcome of the investigation. Staff spoken with were fully aware of what to do should they be concerned about someone's safety or well-being and were confident in following the correct reporting procedures. One member of staff commented, "I know about the whistle blowing policy and different types of abuse, if I needed to I would use it."

Records showed that people's personal allowances were being managed well and monthly audits were conducted, to ensure that any deposits, expenditures and balances were recorded accurately, with receipts retained. These were checked by two members of staff, which helped to safeguard people's finances.

We observed staff moving and handling people in a safe manner, throughout our visit. This was conducted with dignity and respect and in accordance with the standard procedures of the home. We were told that staff had received training to use the moving and handling equipment and this was periodically refreshed.

Clear protocols were in place, which outlined action that needed to be taken in the event of various emergency situations. Fire procedures, a wide range of risk assessment and contingency plans had all been

implemented and internal equipment checks had been conducted regularly, in order to safeguard those who lived at the home, visitors and staff members. Records showed that systems and equipment had been serviced in accordance with manufacturer's recommendations. This helped to ensure it was safe for use and therefore protected those who used the service from harm.

Staff told us they had received training in relation to safeguarding vulnerable adults, whistleblowing and fire safety and records we saw confirmed this information to be accurate. Detailed and easily accessible individual Personal Emergency Evacuation Plans (PEEPS) had been developed and recently updated. These showed the level of assistance people would need to be evacuated from the building, should the need arise. A contingency plan outlined action that needed to be taken in emergency situations, such as a power failure, flood, loss of water or adverse weather conditions.

Accident records had been completed appropriately and were retained in line with data protection guidelines. This helped to ensure the personal details of people were kept in a confidential manner. We noted that appropriate action had been taken by the home in order to maintain the safety of one person, following an unexpected incident involving a piece of equipment, which had not been appropriately maintained by a visiting engineer.

We received mixed comments from those who lived at the home and their relatives, about the staffing levels at Cardinal Heenan. Some people we spoke with felt that there were sufficient numbers of staff on duty, whilst others thought the staffing levels could be improved.

Comments from people who lived at Cardinal Heenan included, "Sometimes I think they need more [staff] if they want to deal with people properly. It's not hit and run"; "They've not got the time. They've not got enough staff." And "I don't know about that [staffing levels]. They can't answer the bell if they're busy. I rang it a couple of times the other night and when you're waiting it does seem a long time." We observed one person ask several times for a cup of tea, but none was provided.

Comments from relatives included, "There seems to be more than enough [staff], even when residents are sat down there seems to be interaction. Everyone looks smart and well cared for"; "There always seems to be enough staff." And "I think they could do with more [staff]. They have increased the number of residents and agency staff come in. I get the feeling there's too much stress."

We asked relatives if staff attended to people quickly if they needed help. They responded by saying, "Not really"; "Yes, there's a lot of interaction." And "If nobody's about, I'd give them [the staff] a shout."

The registered manager told us, "We are fully staffed today, but if someone rang in sick I would not have a problem getting someone else to cover the shift."

We looked at the staff rota, which showed that on the day of our inspection there were eight care staff on duty, including the registered manager, for a total of 30 people. We felt this was sufficient for the needs of those who lived at the home at that time.

Good

Is the service effective?

Our findings

People we spoke with were very complimentary about the staff team. One person told us, "I think the care staff are very understanding." We chatted with people about their health care needs and how these were managed. Comments we received included, "I keep well. The staff don't have time to sit and chat"; "the GP comes out straight away." And "I keep quite well, so I don't need the doctor."

We asked the relatives if they could discuss any issues with the staff, all of them said they could and that any issues were dealt with straight away. When asked if they felt the staff were competent to do the job expected of them, one family member commented, "Totally" and another said, "100%."

During our inspection we toured the premises, viewing all communal areas of the home and a selection of private accommodation. The home was warm and comfortable. A friendly atmosphere was evident. We found parts of the environment had recently been pleasantly decorated, including the main communal areas and some bedrooms. This enhanced these areas of the environment for those who lived at Cardinal Heenan.

At the time of our inspection a new passenger lift was being installed, which was suitable to accommodate a stretcher, if need be. A conservatory was also being added to the front of the premises, which when completed would further enhance the environment for those who lived at the home. This extensive structural work was being managed well, so that people who lived at Cardinal Heenan were kept safe. We have since been informed that all work has been completed and that those who live at the home are enjoying their upgraded surroundings.

We saw maintenance records were kept, so that any minor repairs were completed in a timely manner. We discussed one specific area of safety with the registered manager at the time of our inspection. She acted promptly and the fire officer visited the following day, when it was determined that there was no risk to those who lived at the home.

Some people were living with dementia and so changes had been made in order to create a more dementia friendly environment, such as good signage, contrasting coloured toilet seats, bedroom doors, light switches and handrails. Large faced wall clocks and memory boxes had also been provided.

We established that the turnover of staff was very low and agency usage was minimal. This helped to ensure continuity of care for those who lived at the home. Successful applicants were supplied with a wide range of relevant information, such as employee handbooks, codes of conduct, job descriptions specific to their roles, terms and conditions of employment and numerous policies, including discipline and grievance procedures. They were also supported through a detailed induction programme and supervised probationary period, during which time a range of training modules were undertaken, such as fire awareness, safeguarding adults, moving and handling, infection control and health and safety. Together this helped them to understand the policies, procedures and practices of both the organisation and the care home, which meant all new staff, were equipped to do the job expected of them. We also saw that

volunteers and outside contractors were guided through an induction programme before they started to work at the home.

Records and certificates of training showed that a wide range of learning modules were provided for all staff. We were told that most training was completed on line, except for moving and handling, which was a practical learning session. Some staff told us that they would prefer classroom based training, as they felt they learned more with face to face teaching. However, most modules were supported by workbooks, so that knowledge checks were properly assessed. These included areas such as equality and diversity, dealing with challenging behaviour, Control of Substances Hazardous to Health (COSHH), nutrition, fire safety, infection control, the Mental Capacity Act (MCA), DoLS, food hygiene, first aid, medication management, health and safety, safeguarding adults and moving and handling. Staff we spoke with gave us some good examples of training they had completed and were able to discuss the needs of people well, describing in detail the care and support people required.
Staff had also completed additional learning in relation to the specific needs of those who lived at the home. For example, diabetes, dementia awareness and end of life care were topics built into training programmes. The staff we spoke with were positive and enthusiastic.

The registered manager provided us with supervision and appraisal records, which showed that these meetings between staff and managers encouraged discussions about an individual's work performance, achievements, strengths, weaknesses and training needs. However, we were told that supervision sessions and appraisals were sporadic. One person told us that they had only had two supervisions during the last two years and another said they had one 'about five months ago.' However, another staff member told us, "All the staff do get regular supervisions, normally every couple of months. I had one just a short while back."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager was aware of the requirements of the MCA and associated Deprivation of Liberty Safeguarding (DoLS) procedures. Policies were in place in relation to the DoLS and the MCA. We saw records which demonstrated that where necessary DoLS applications had been made and two care files we examined showed authorisations had been granted. People's rights were protected, in accordance with the MCA. At the time of our inspection people were not being unnecessarily deprived of their liberty. However, staff we spoke with had little understanding of the MCA and DoLS procedures. We recommend that this training is refreshed for care staff, so that they gain knowledge about protecting people's rights.

A mental capacity assessment had been conducted for one person by a consultant psychiatrist. However, the mental capacity assessments we saw could have been more specific to the decision they were relating to, instead of being generic. During our inspection, we became aware of one person who used the service, who continually asked to go home. We discussed this with the registered manager, who assured us that an urgent DoLS application would be submitted without delay in line with legal requirements. We recommend that mental capacity Assessments are more person centred and more decision specific.

Two care files we examined contained copies of legal documentation, which showed that a Lasting Power of Attorney (LPA) had been appointed to make decisions on the persons' behalf, because they were unable to do so for themselves and this was evident within their Mental Capacity Assessment. Some care files showed that people had given their written consent to various areas of care and support and where a relative had signed on their behalf, the correct documentation, as proof of LPA was retained on file. However, this is an area, which could have been extended, to incorporate additional areas, such as night time checks, the use of bed rails and wheelchair belts. However, we observed staff members asking people verbally for their consent before providing support. We saw best interest meetings had been held for one person whose file we looked at, in relation to end of life discussions.

The recent inspection by the Environmental Health Authority in relation to food hygiene, resulted in a level 5 being awarded, which corresponds to 'very good' and is the highest level achievable.

Two members of the inspection team ate lunch with those who lived at the home. We found this activity to be rather disorganised and somewhat chaotic. The serving of meals did not appear to be co-ordinated or supervised by any particular member of staff.

A number of small dining tables had been pushed together, in order to form two long ones, which felt unsociable and institutionalised. However, following discussion with the manager the tables were split to create a more relaxed and pleasant dining experience. Condiments were available on the dining tables. However, we noted that salt came out of one of the dispensers very quickly and if used could spoil a person's food by over seasoning.

We did see care workers offering to cut up food for those who needed some assistance and we saw one member of staff show a person the two choices of main course, to allow her to select which option she preferred. We saw one resident being served their preferred choice of soup and sandwiches and people were asked if they wished to be served cream with their desert.

However, if a person pushed their plate away, they were asked if they had eaten sufficient and if so the plate was removed. We only saw one person being encouraged to eat. This individual left the table and sat in an easy chair. Another person came and sat in her place and on two occasions the original occupier of that dining chair came and stood by her side.

One member of staff brought drinks and biscuits around during the afternoon, pleasantly asking, "Cups of tea ladies?" However, there was no choice of beverages or cold drinks offered, although people were able to take several biscuits, if they wished. The care worker told one person in a friendly manner, "You can have as many as you want [name removed]."

It is recommended that the provision of food, beverages and meal times are assessed and monitored, so that more choices are offered and a more organised and conducive dining experience is provided for those who live at Cardinal Heenan.

Good

Is the service caring?

Our findings

We asked people we spoke with if the staff were kind and respectful towards them. Comments we received included, "I just think they're lovely people, but some seem as though they've got a lot on their mind"; "They do their best"; "Yes, but they don't have time to sit and chat"; "Oh yes, I've never had anything else, but kindness"; "I haven't come across anybody who isn't [kind]. Some of them are in a bit of a hurry, but I can't fault them"; "Of course they are [kind]." And "Yes, they are very kind."

We asked relatives, who we spoke with if they were happy with the attitude of the staff. One simply said, "Yes", but didn't elaborate and another commented, "They're very good, very caring as well. I don't know how they have the patience."

People we spoke with told us that staff let them take their time when assisting them and didn't rush them. All the relatives we spoke with said the staff were kind and patient. We saw a care worker sitting down for quite a while talking with one person, listening to her and reassuring her, in a kind and caring manner.

People who lived at the home, who spoke with us said they were able get up and go to bed when they wanted. One person said, "They [the staff] let you read or do your knitting. They say don't forget to ring if you want anything. They always knock on my door before they come in. They are quite courteous and they do give us some privacy" and another said, "There's no restrictions here. You can do almost anything, within reason, that is."

We asked relatives if they had been involved in the planning of their loved one's care. One family member told us, "We've all been involved" and another said, "Yes, we've seen the care plan. We had a review just before Christmas." One relative told us she had been given her mother's care plan to read on her arrival to the home. All family members we spoke with said they thought the care plans reflected their relative's needs. They told us that the care plans had been reviewed periodically and that staff followed them in day to day practice.

One member of staff who we spoke with told us, "I have spoken to the manager a lot lately about [name removed], because he always stays in his room. We talk all the time." Another said, "We have discussions with all of our residents every week so they can tell us exactly how they are feeling" and a third commented, "We have a very good relationship with all our GPs and we only have to call and they are normally out the same day."

We were told there was a dignity champion on the staff team, which helped to promote people's privacy and dignity. Plans of care we saw included the importance of respecting people's privacy and dignity, particularly during the provision of personal care. We were also told that staff members were also dementia friend's champions. This helped to promote the principals of supporting those who lived with dementia.

People were helped to maintain their independence. Staff were kind and caring towards those they supported and interacted well with the people who lived at Cardinal Heenan. Assistance was provided for

those who needed it in a dignified manner and people were enabled to complete activities of daily living in their own time, without being rushed.

The care worker who was administering medicines was seen to be very patient with people. Some people were in their rooms and we saw her knock on the person's door before entering, which ensured the person's dignity and privacy was respected.

Evidence was available to demonstrate that staff had achieved the 'Six steps to End of Life Care' programme, which helped them to support people and their families during the final days of life.

Information was readily available in relation to accessing local advocacy services. We were told that an advocate supported one person who lived at the home. An advocate is an independent person who will support someone to make best interest decisions and will speak on their behalf, should the individual wish them to do so.
We observed staff approaching people in a kind and caring manner, with a respectful attitude.

Good

Is the service responsive?

Our findings

People who lived at the home were very complimentary about the staff team and the care they received. We asked those we spoke with if the care workers understood their needs. One person said, "I don't know. If I could get somewhere nearer to town I'd get it. It's getting too much, always going to church".

We asked people if they knew how to make a complaint. The responses we received included, "No need. I think it's marvellous here"; "Yes, I'd get the person concerned and tell them outright, but I'd tell them nicely" and "I think I would if I had to." Only one of those we spoke with had ever made a complaint and she said, "It was sorted out."

We asked relatives if they knew how to complain, and if so who would they complain to. One family member said, "The manager, CQC or the church." Another told us, "If there was anything, I would go to the key worker or supervisor, then the deputy manager and then the manager, but the information is in the book." Everyone we spoke with told us they would feel comfortable in making a complaint, should they need to do so.

Good information was provided for people who were interested in moving in to the home. The service users' guide and statement of purpose outlined the services and facilities available, as well as the aims and objectives of Cardinal Heenan. This enabled people to make an informed decision about accepting a place at the home. People were supported to access advocacy services, should they wish to do so. An advocate is an independent person, who will act on behalf of those needing support to make decisions.

We examined the care files of seven people who lived at the home on the day of our inspection. We found that detailed needs assessments had been conducted before a placement at the home was arranged. This information was confirmed as being accurate by one person who lived at the home and a relative we spoke with. This helped the staff team to be confident that they could provide the care and support required by everyone who went to live at Cardinal Heenan.

One community professional wrote on their feedback, 'The communication between Cardinal Heenan House and ourselves has always been professional, courteous and respectful. When requested to complete a pre-admission assessment they have always completed them in a timely manner, and have always advised client representatives, where appropriate to view the home prior to admission.'

Informative life stories were also in place, which outlined a clear timeline of people's history, including areas such as, significant events, family contacts, childhood, school life, employment history, hobbies, interests and preferences. This helped the staff team to build up a clear picture of people in their care and therefore be able to discuss with them relevant topics of interest.

The planning of people's care was based on a thorough assessment of their needs, with information being gathered from a variety of sources. We found the care plans had been reviewed each month. They were, in the main, person centred, providing staff with clear guidance about people's needs and how these were to be best met. However, on one occasion a change in need was not clear and in one instance guidance for

staff around the management of a person's mental health needs could have been more informative. However, staff we spoke with were easily able to discuss the needs of this particular individual. We saw that those who lived at the home had been involved in the development of their own plans of care, or a relative had been consulted if individuals were unable to participate, or indeed had requested a family member to take part.

We observed written instructions from community professionals being followed in day to day practice. This helped to ensure people's health and social care needs were being met. Detailed assessments were in place within a risk management framework. These covered areas, such as the risk of developing pressure wounds, the risk of malnutrition, moving and handling and falls. These had been updated regularly. This helped the staff team to monitor the level of risk for each person who lived at the home and to identify when it was necessary to seek external professional advice. The care plan for one person showed they needed pressure relief every two hours whilst in bed, but a turn chart was not available to demonstrate these instructions were being followed. A care worker assured us that the individual was turned every two hours and that she would implement a turn chart without delay. This was done immediately.

All care staff had access to the care records and they completed progress notes of daily events. We saw that the home had received positive feedback from families.

Records showed that a wide range of community professionals were involved in the care and treatment of those who lived at Cardinal Heenan, such as GP's, chiropodists, the falls team, community nurses and dentists.

The plans of care we saw incorporated the importance of dignity and independence, particularly when providing personal care. We observed staff on the day of our inspection treating people in a kind and caring way. They spoke with those who lived at the home in a respectful manner. Staff evidently knew people well and responded appropriately to meet individual preferences.

We asked everyone we spoke with how they spent their time during the day. Comments we received included, "I like going out walking. We go out now and again. I do painting and sketching. I've got them upstairs."; "I do knitting and crocheting, and I like a good book to read."; "I like reading the paper and my own company." And "I like watching a film, but I couldn't last night because [name removed] was making so much noise, it was awful in the lounge." We asked if staff attended to the situation, to which she replied "No."

The home did not have an activity coordinator employed at the time of our inspection, although an activity programme was in place, which included pastimes, such as bread making, baking, vegetable preparation, music, crafts and gentle exercises. We were told that a meeting was held with people each week, when it was decided which activities would be provided the following week. We were also told that the care staff were responsible for organising and providing these activities.

We saw manicures and ladies having their nails painted during the morning and then picture making in the afternoon, which one relative participated in. We saw one person sitting in her pyjamas in the same chair for most of the day. However, she looked clean and well presented. The only time we saw a member of staff approach her was to take her lunch, but because she was asleep it was taken away again. We discussed this person's care with the registered manager, who told us that the individual's normal routine was to sometimes stay up most of the night and then sleep for a good part of the day. We were told that food would be provided as and when the person wanted to eat, which was usually later on in the day and this we observed at the time of our inspection. In the large lounge there was a classical radio station playing music,

and in the dining room a CD was playing age appropriate popular music from the 50s, 60 s and 70s.

The home had a minibus and we were told by a member of staff that weekly excursions to local places of interest were organised during the better weather. We were also told that people were accompanied on individualised shopping trips, as well as being supported to visit their previous places of work. We were told the men like going to the pub, pottering in the green house and listening to music. We noted that there was a lot of involvement with the local community and we were told that volunteers 'popped' in and out all the time'.

We were aware of a recent 'Day of prayer and awareness of dementia', which had been organised by the home. This was attended by local school children and members of the local community, as well as people who lived at the home and their relatives. The programme included various presentations by one of the trustees of Cardinal Heenan and Chaplain to the community. There was entertainment provided by musicians and the Mayor of West Lancashire attended the event.
People told us that they were offered a range of choices, such as being able to choose their own clothes, selecting what they wanted to eat from the menu and making decisions about personal hygiene matters.

The complaints policy was clearly displayed within the home, which identified the procedure to follow in order to make a complaint. This was also included in the service users' guide provided to people when they first moved in to the home. A system was in place for recording complaints received by the home. This record identified the nature of the complaint, action taken and the outcome following an internal investigation, including the response provided to the complainant. Staff we spoke with were fully aware of what to do should someone wish to make a complaint.

One member of staff told us, "No one has complained to me about anything for a long time, but if someone did I would do my best to sort it out" and another commented, "We have staff meetings every couple of months and any ideas we come up with are always considered."

People we spoke with or their relatives told us they were confident in raising any concerns with the registered manager. Care staff we spoke with understood how to deal with any complaints in line with the policy of the service and they said that they were confident the manager would respond to any issues raised, but they knew how to escalate concerns to the provider or the Care Quality Commission if it was ever required.

Good

Is the service well-led?

Our findings

Some people we spoke with said they knew who the manager was, but others said they did not. One relative we spoke with told us, "All the staff are approachable, regardless of position." And another commented, "She's [the manager] very approachable. It just seems like one big family."

We asked people what they liked best about the home. Responses from those who lived at Cardinal Heenan included, "It's beautiful and clean. I like the way they do things here"; "Everything. I like the people and it's not very far from home"; "The comfort they can offer you, you never get turned away"; "I like to see people being looked after and improving"; "They [the staff] are friendly, probably a bit too easy going at times" and "We have a good laugh". A family member said, "They get proper food and they are able to go to church." Another told us, "Activity wise. At home she was looking at four walls. In the summer she goes out on trips, which she enjoys." And a third commented, "The carers and the staff. They are very friendly."

When asked if there was anything that could be better only two people replied with an answer. One said, "If you have something to complain about, they should take it up right away, but they're short staffed" and a relative told us, "The residents want to get out more."

Most staff members we spoke with said they felt supported by the managers of the home and that they could easily approach them, should they have any concerns or anything they wanted to discuss. One member of staff told us, "[Name removed – manager] has lots of compassion and has time for people." However, one member of staff told us that they did not feel supported when they were hit by someone who used the service. They told us, "We just get told to fill a form in and that's the end of it. We don't feel we are protected in this way." Other comments we received from staff members included, "We do have meetings but if you need to talk to the manager, her door is always open. You can see her when you want to" and "You can talk to the manager anytime. She is so approachable and listens to what you say."

We noted that the lounge had recently been redecorated and those who lived at the home had been involved with choosing the decor. We were also told that people could choose their own bedding and curtains, if they wished to do so and were able to bring personal items in to the home with them, including small pieces of furniture to make their rooms comfortable and homely. We were also told that people had chosen the colours for their own bedroom doors. The majority of these had the name of the occupant displayed. However, these had been written in italics and were quite small, making the names difficult to easily recognise.

At the time of our inspection the registered manager was on duty. She was extremely organised and very positive about providing a high standard of service for those who lived at Cardinal Heenan. On arrival at the home we asked for a variety of documents to be made accessible to us during our inspection. These were provided promptly. We found all records we looked at to be well maintained and organised in a structured way. This enabled care workers to find information easily.

Records showed that meetings were held regularly for those who lived at the home and their relatives. This

allowed people to talk about things they felt were important to them in an open forum and to make suggestions, as well as provide feedback about the services and facilities available.

We saw minutes of staff meetings and meetings for unit managers. Staff we spoke with confirmed that meetings were held. This enabled different grades of staff to meet in order to discuss various topics of interest and enable any relevant information to be disseminated amongst the entire workforce. The minutes of staff meetings were displayed on a notice board in the staff room for easy access to those who worked at the home. One member of staff told us, "We had a staff meeting only last week." However, another reported, "We do have staff meetings, but not regularly." Staff members we spoke with told us that they would like to have more regular meetings, so that any issues could be discussed in an open forum.

Staff members told us that handovers were held at each shift change, so that all relevant information could be passed over to the oncoming shift. However, one person said, "In handovers we are not able to discuss issues where staff are finding some people's behaviour challenging. This is difficult, as we don't often have supervision."
From conversations held with the staff and registered manager it was clear they understood people's needs and knew all about them. The staff team were all very co-operative during the inspection. We found them to be passionate, enthusiastic and dedicated to their work.

The home had been accredited with an external silver quality award. This meant that a professional organisation visited the service annually to conduct detailed audits, in order to ensure the quality of service was maintained to an acceptable standard. The registered manager had notified the Care Quality Commission of any reportable events, such as deaths, safeguarding concerns or serious injuries. This demonstrated an open and transparent service.

A range of quality audits had been completed regularly. This showed that the home was closely monitoring the standard of service provided for those who lived at Cardinal Heenan, which covered areas, such as care planning, health and safety, risk assessing, the environment, infection control and medication management.

Records showed that monthly unannounced service quality and safety visits were conducted by a representative of the organisation and recommendations were formulised within a subsequent report. These internal inspections were carried out in line with the Care Quality Commission's (CQC's) Key Lines of Enquiry. This helped the home to operate in accordance with recognised guidelines. A record was available to show that areas identified for improvement had been appropriately addressed.

Feedback about the quality of service provided was actively sought from those who lived at the home and their relatives, in the form of surveys. Extracts from the surveys included, 'This home is an exemplar for community interaction. The energy, enthusiasm and delivery of community ideas is superb' and 'We have nothing but praise for the caring staff, who have always been excellent. The premises and furnishings of the home are so comfortable and welcoming. We have not seen [name removed] so happy for a good number of years. She loves living at the home.'

We received some good evidence from a GP practice of partnership working in order to improve the level of service provided for those who lived at Cardinal Heenen. Another community professional wrote on their feedback, 'I see most of the residents who have reasonable mobility at our practice. They are usually brought in the wheelchair adapted minibus with a driver and a carer. The residents usually seem to enjoy their trip out. On one or two occasions per year, I am asked to go to Cardinal Heenan House to provide Domiciliary visits for the less mobile residents. I am always greeted by the manager on duty and a member

of staff is assigned to me. The manager on duty will always help to put me in touch with the family of residents if further information/permission or referral is necessary. On my visits I always find a happy, caring atmosphere at Cardinal Heenan House.'

A chapel was available within the home, which people could use whenever they wished, in order to follow their faith or to just simply sit and contemplate for a while. The atmosphere in the chapel was peaceful. One of the trustees of Cardinal Heenan and Chaplain to the community was on site on the day of our inspection. We were told he visited most days. We were also told that people of any denomination could use the chapel and that people from the local community were invited to attend mass.

A wide range of updated policies and procedures were in place at the home, which provided the staff team with current legislation and good practice guidelines. These included areas, such as advance decisions, health and safety, equal opportunities, infection control, safeguarding adults, complaints, Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA). Some good information was displayed in the staff room. This helped the staff team to keep up to date with any changes in legislation or good practice guidelines.