

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 (Cardinal Heenan) is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care home accommodates up to 32 older people in one adapted building. The service is also registered to accommodate people who are living with dementia. There were 27 people living in the home when we inspected.

This was an unannounced inspection that took place on 9 October 2018. The service was last inspected in June 2016 when there were no breaches in regulation seen and the home was rated as 'Good'. At this inspection we found the service remained 'Good'. There was no evidence or information from our inspection or on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At the time of this inspection a registered manager was in post. 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.

The service has continued to sustain a good standard of care and support for those who lived at the home. The trustees of the company, the management and staff team were constantly striving to improve the service and this is demonstrated by their commitment towards those who live at Cardinal Heenan. The management team had introduced impressive digital technology systems, in order to provide a better quality of life for those who were living with dementia.

People were able to live as they chose and this philosophy was clearly embedded within the visions and values of the service. Staff had a good understanding of people's needs and were able to provide person centred care in a compassionate and dignified way, which enabled people to receive the support they needed in the way they preferred.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There was clear evidence of a solid management structure and a dedicated team approach, which continued to drive the service forward, in order to provide a good standard of care and support. Staff who had shown particular interests in specific areas, such as infection control, falls prevention, dementia and dignity were designated 'Champions'. These champions continued to play an essential role in developing best practice, sharing learning and acting as role models for other staff.

People who lived at Cardinal Heenan told us they felt safe living at the home. Medicines were being appropriately managed and we found the environment to be clean, well maintained and safe for people to live in. Risk assessments had been conducted where necessary and staff we spoke with were confident to report any concerns about people's safety to the appropriate authorities.

Recruitment practices were robust and new staff were guided through an induction programme, followed by regular mandatory training modules throughout their employment. This helped to ensure the staff team had the right skills and knowledge to provide support and were suitable to work with this vulnerable client group.

There were sufficient staff on duty, who were kind and caring and had developed good relationships with people who used the service. We saw that people looked comfortable in the presence of staff members and seemed relaxed within their environment.

People were assisted in a gentle and supportive way. A range of specialised equipment was provided to encourage independence, as far as possible. A lot of consideration and thought had gone into the decoration and design of the internal premises. The overall effect created was a homely and peaceful environment for people to live in. Staff we spoke with all told us they were happy working at the home.

Further information is in the detailed findings below.

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 ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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 9 October 2018 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. This expert had experience in caring for older family members who used regulated services.

At the time of our inspection there were 27 people who lived at Cardinal Heenan. We were able to ask seven of them and two 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 eleven 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 personnel records of four staff members.

We looked at the care records of five 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 ten community professionals, such as GPs and community nurses.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the home. Comments we received included, "Staff are available 24 hours a day. They're very good" and "I always get my medication on time."

One family member had written on their survey, 'I believe it is a very safe environment for [name]. Something we could not guarantee in her own home.'

We found the environment to be safe and well maintained. Systems and equipment had been serviced in accordance with manufacturer's recommendations. Environmental risk assessments and audits had been regularly conducted. This helped to ensure the home was a safe place for people to live in. However, we noted easy access to some toiletries, creams and thickeners in bathrooms and bedrooms. We raised this with the registered manager who addressed it immediately.

The home was clean and hygienic throughout. Infection control policies were in place and one member of staff had been appointed as the infection control lead. One member of staff we spoke with commented, "I want to tell you about infection control. We now have improved laundry services with a dry and clean clothes area and a wet and dirty area and this was implemented to improve infection control. We have four meetings a year with the NHS. We learn from them. The sluice has been updated and now has a sluice sink and clinical waste bin, which it didn't have before, so it's been improved. They [providers] are keen to improve."

We saw detailed policies and procedures were in place in relation to health and safety and 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.

We assessed the management of medicines, which we found to be overall satisfactory. We observed some good medicine practices during our inspection, which protected people from harm. However, there were some minor issues identified, which were addressed immediately by the registered manager. This helped to optimise the management of medicines.

Records showed disciplinary procedures were being followed and recruitment practices were satisfactory. However, the records we saw could have been more organised, so that information was easier to find. This has since been addressed by the registered manager.

Records showed that people were protected from discrimination and their human rights were promoted. Any allegations of abuse had been managed appropriately and relevant authorities had been notified. Clear audit trails were available and staff told us they had received training in safeguarding people and records we saw confirmed this to be accurate.

Accident records had been completed confidentially and lessons had been learned following accidents and safeguarding incidents. We observed staff moving and handling people in a safe and competent manner.

Health and social care risk assessments had been conducted. We discussed with the registered manager the health care needs of one person, who had a detailed plan of care in place, but risk assessments could have been extended. Since our inspection the registered manager has provided evidence of these being implemented.

Clear protocols outlined action that needed to be taken in the event of emergency situations. Personal Emergency Evacuation Plans (PEEPS) were easily accessible by the emergency services. These showed the level of assistance people would need to be evacuated from the building, should the need arise.

Fire procedures and a wide range of risk assessment had been implemented and internal equipment checks had been conducted regularly, in order to safeguard those who lived at the home. 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.

On the day of our inspection there were nine care staff on duty, including the registered manager, for a total of 27 people. We felt this was sufficient for the needs of those who lived at the home at that time.

Is the service effective?

Our findings

People we spoke with were very complimentary about the staff team. Comments received included, "The staff all appear to know what they are doing. They have the skills and experience to meet our needs. If they get someone new they use shadowing" and "They [staff] all seem to work well together."

Since our last inspection a conservatory has been erected to the front of the building and a new passenger lift has been installed with stretcher access. Changes had also been made to create a more effective dementia friendly environment. Themed corridors had been developed, which were impressive. Those who lived at the home had been fully involved in choosing specific themes such as, interesting scenes of sporting activities, the music business, fashion industry, garden pursuits and beach settings. Family and friends had helped with the redecoration of the themed corridors.

We found the home to be warm and comfortable throughout. It was pleasantly decorated and furnishings were of a good quality. A friendly atmosphere was evident. This helped to ensure the environment was a suitable place for people to live.

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. New staff were supported through an induction programme and were in the process of completing a recognised care certificate, which supported them to do the job for which they had been appointed.

Although staff supervision sessions and appraisals had been conducted, these had been a little sporadic. The registered manager was aware of the shortfall and therefore had recently developed a supervision and appraisal matrix, which showed a structured approach was now in place. This will help to ensure all staff are able to regularly discuss their performance on a one to one basis with their line manager.

A few staff members were slightly overdue with mandatory training, but overall the staff team were well trained and were able to complete learning modules relevant to those who lived at the home. The staff we spoke with were positive and enthusiastic about the training they received.

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 make 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.

Care records contained specific mental capacity assessments and records showed that meetings had been

held to ensure decisions were made in people's best interests. DoLS applications had been made in line with legal requirements on behalf of those whose liberty was being deprived.

The registered manager was aware of the requirements of the MCA and associated Deprivation of Liberty Safeguarding (DoLS) procedures. The training matrix showed a good percentage of care staff had completed up to date training in these areas. People's rights were being protected, in accordance with the MCA.

We saw legal documentation had been obtained for those who had a Lasting Power of Attorney (LPA) appointed and this was recorded within the plan of care. We observed staff members asking people verbally for their agreement before providing support and formal consent had been appropriately obtained.

People's needs had been assessed before a placement at the home was arranged. This helped to ensure the staff team were confident they could provide the care and support people needed. It was clear the staff team delivered effective outcomes. Community links had been fully embedded within the service.

The most recent inspection by the Food Standards Agency in relation to food hygiene, resulted in a grade 5 being awarded, which is the highest level achievable. We found the lunch time atmosphere to be very calm, comfortable and relaxed. The food served was well presented and nutritious. Staff used aprons and gloves when serving food. We felt one person could have benefitted from additional support at lunch time. However, people's nutritional needs were being met.

Is the service caring?

Our findings

We asked people if staff were kind and caring towards them. Comments we received included, "Kind and compassionate? Oh yes, they [staff] are good like that. They are respectful and treat you with dignity. They always ask if you need any help"; "Staff are patient. They give you time to do things yourself. They say things like, 'I'll come back later or just ring when you're ready'" and "The chapel here is interdenominational and the Church of England minister comes in."

People we spoke with told us staff did not rush them. Everyone said staff were considerate and respectful. We saw care workers stopping to have a chat with people. This was done in a kind and sensitive manner.

One family member told us, "They [staff] treat people with dignity and respect and they encourage them to be independent. Staff are very helpful. You can have a good laugh with most of them. They are patient and give people time to do things. They [people who live at the home] are well looked after, really well looked after."

People told us they were able to make decisions about how they spent their time, without restrictions being implemented. We observed some lovely interactions by staff members towards those who lived at Cardinal Heenan, whilst ensuring equality and diversity was promoted.

One member of staff who we spoke with told us, "It's good here, its excellent, nice staff" and another commented, "The care in this home is excellent."

We were told there was a dignity champion on the staff team. 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 dementia champions. This helped to promote the principals of supporting those who lived with dementia.

People were supported to maintain relationships and independence was promote, as far as possible. Staff communicated well with those they supported. They were kind and caring towards people and interacted well with those who lived at Cardinal Heenan.

People were actively involved in planning their own care or that of their loved one. Good information and clear explanations were provided to people and assistance was readily available for those who needed it. This was offered in a dignified manner, with privacy and dignity being respected and people were enabled to complete activities of daily living in their own time, without being rushed. One member of staff told us, "I would make sure they [people who live at the home] had choices and that they play a role in keeping their independence in the care we are giving." Another commented, "I think we give people choices and if we are providing care we make sure we treat them how we would want to be treated ourselves by making sure people are covered if we are giving them a bed bath and respect their choices if they refuse care."

We observed staff members knocking on people's bedroom doors before entering and we saw staff

speaking discreetly with people, should they ask for assistance with personal care needs. Staff members clearly protected people's privacy and dignity throughout the day.

Care records we saw outlined the importance of promoting privacy and dignity and treating people in a respectful manner. Information was readily available in relation to accessing local advocacy services.

Many thank you messages were displayed in the home. Extracts from these included, 'Thank you so much for everything you did for [name] during her time with you. Your care, friendliness and love made her so happy' and 'The team at Cardinal Heenan have been so kind and caring'.

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, "They most certainly do. They will do anything for me and they know what I like and how I like things to be done." Another told us, "The staff are marvellous. They know every one of us very well." And a third commented, "They [staff] even come in on their own time to sit with the very sick and dying and at night-time too. They go along to the funerals. It's very reassuring! I like the staff, there's not one that I don't like. They are caring and compassionate at all times and they treat you with respect and dignity. They treat me as if I were their own mother."

Good information was given to people who were interested in moving into Cardinal Heenan. This enabled them to make an informed decision about accepting a place at the home. We noted that people's preferences and wishes were recorded well and we observed people being offered choices consistently throughout the day.

We examined the care files of five people who lived at the home. These had been generated from an assessment of people's needs. Very informative life stories were in place, which outlined a clear timeline of people's history, including significant events, hobbies and preferences. This helped the staff team to build up a clear picture of people in their care and therefore were able to discuss with them relevant topics of interest.

We found the care plans to be very well written and person centred. They had been reviewed each month or more often and provided staff with clear guidance about people's changing needs and how these were to be best met. Staff we spoke with were easily able to discuss the needs of people in their care. One member of staff said, "If someone is hard of hearing I make sure the environment is quiet when speaking with them. I speak slowly and at eye level."

Records showed that a wide range of community professionals were involved in the care and treatment of those who lived at Cardinal Heenan. 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 fully 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. 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 and staff evidently knew people well by responding appropriately to meet individual preferences.

Evidence was available to demonstrate that a good percentage of staff had completed training in relation to

end of life care, which helped them to support people and their families during the final days of life.

We asked everyone we spoke with how they spent their time during the day. Comments we received included, "We have an activities coordinator and she's excellent! We have a trip to Blackpool Illuminations lined up with fish and chips after. Last Friday we went to Wigan Wheel restaurant and there was entertainment. There's always plenty of activities. I'm more than happy with the activities here. I can't praise this place too highly. Everyone is so friendly and helpful. Nothing is too much trouble. It's marvellous. I certainly wouldn't want to live anywhere else" and "Once a month we get taken to the social club at St Teresa's just down the road."

The home had an activity coordinator employed at the time of our inspection and a structured programme was in place, which showed a wide range of leisure activities were provided. These were arranged in accordance with peoples' wishes. People looked very happy living at Cardinal Heenan and this was reflected by the positive comments we received.

The home had a minibus and we were told 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. People told us 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.

Everyone we spoke with told us they knew how to make a complaint and would feel comfortable in raising any concerns, should they need to do so. The complaints policy was clearly displayed within the home and we found complaints to be well managed. Care staff we spoke with understood how to deal with any complaints in line with the policy of the service.

An extensive range of digital technology was available at Cardinal Heenan for people to use and which also supported the operation and practices of the home. For example, the internet, Wi-Fi, computerised records and iPads. The management team had introduced systems which helped to move the service forward for those who were living with dementia. We saw people participating in 'Tovertafle' (Magic table). This is an innovative Dutch creation, which was developed for and with people in the moderate to severe stages of dementia. The interactive games are designed to break through apathy by stimulating both physical and cognitive activity and encouraging social interaction. They also create treasured moments with both family and staff members. The games are all about enjoyment and wonder.

We had never seen Tovertafle before and we found it to be a fascinating piece of equipment, which allowed the users to be in control. Some of those who lived at the home were eager to show us how this worked. It projected interactive light games onto a table top from an overhead projector, with appropriate sound effects. The magnified colourful images were eye-catching and responded to hand and arm gestures by moving across the table. There were a multitude of word and picture games available, selected by a hand-held controller. These included autumn leaves, butterflies, bubbles, beach balls, jigsaw puzzles, kites, spinning tops, fish and competing rhymes and sayings. One person has commented, "This is lovely, look at the colours."

It was clear from our observation and participation that Tovertafle created a means of communication for those who otherwise had difficulties in this area. We noted the introduction of Tovertafle had a significant positive impact on the lives of those who lived at Cardinal Heenan. The registered manager told us about one person's journey, who was in the late stages of dementia and was uncommunicative, did not react with anyone and was completely dependent on staff intervention for all care needs. She said, "[Name] lived in a lonely place, rarely smiling or moving, but the demonstration of Tovertafel took her to a different world. Her

face shone, her smile was unforgettable and after an initial prompt to move her hands, she started to play a ball game, passing the ball to another person who was playing. The experience of being there and seeing her engage was very emotional and magical for all staff. She was unable to speak of her feelings, but her smile and interaction was enough. Additionally, staff from a college for young adults with learning disabilities visit every Wednesday and to see them interact with the residents at the table is magical. Without a doubt this equipment is changing the lives of our residents and has been featured on Sky news and the BBC news. The Royal Family in the Netherlands were on the news yesterday experiencing the Magic Table."

We were told that some staff had completed 'The Playlist for Life' training, which is designed specifically for those who live with dementia. This helps people to use music to rekindle memories and promote connections with loved ones, as well as alleviate dementia symptoms such as stress. The playlist for life encourages people to identify music from their past that can evoke memories. The registered manager told us that some android tablets had also been purchased, which when set up will have therapeutic applications downloaded onto them for those that live at the home.

Is the service well-led?

Our findings

We asked people if they knew who the manager of the home was. Responses we received included, "Yes, I know the names of the managers and the senior staff. I do feel that the home is well managed. There is an open, honest and positive culture about the place. You always feel that you are being listened to. I would strongly recommend living here to anyone. The manager is just like one of the girls. She's not afraid to roll her sleeves up and muck in" and "The managers name is X and her assistant is Y. Management is very visible. They're always seen getting stuck in. The manager has tea with us. I would recommend living here."

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. Records we requested during the inspection was provided promptly.

We noted on our arrival that the current rating of the service was clearly displayed on the front door of the home. It is a legal requirement for providers to display inspection ratings within the premises to which they relate.

We noted throughout our inspection that the registered manager and the home's Chaplain, who is a trustee of the organisation, were very visible within the home and both evidently knew people very well. They regularly addressed people by name and took time to chat with them about everyday occurrences.

We saw the registered manager to be involved in assisting people with general everyday activity and the Chaplain was seen to be having lunch with those who lived at the home.

People we spoke with and staff members told us the leadership of the home was good. They felt the manager and deputy were very approachable, as was the Chaplain, who visited the home on a daily basis. We found the management team to be open and transparent, which promoted a friendly and approachable environment.

All staff members we spoke with said they felt supported by the managers of the home and they could easily approach them, should they have any concerns or anything they wanted to discuss.

We observed staff engaging well with those who lived at the home and good community links were evident. The visions and values of the service were embedded into the home and it was clear that policies and procedures were being followed in day to day practice. The mission statement read, 'Orione care is committed to principles of social justice, diversity and equality. Its operational policy is guided by the teachings of the Catholic Church, as expressed by the world wide religious congregation's philosophy of care, but it's services are open to people of all beliefs and none and its members of staff are individuals of all religious faiths and none.'

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. 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.

We were 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 colours and décor for various areas of the home, including their own bedrooms.

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

The registered manager told us she had introduced weekly carers meetings, which have been invaluable. This enabled care staff to get together each week to discuss any issues or concerns they had experienced in relation to the care and support of those who live at the home. Following these meetings action plans were developed to ensure areas highlighted were properly addressed.

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 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.

The service was regularly assessed and monitored, which demonstrated good governance processes had been embedded into the home. This was done by obtaining feedback from those who lived at Cardinal Heenan and their relatives, the completion of quality audits and reports and updating policies and procedures with current information.

Community healthcare professionals told us, "They [staff] are on the ball. End of life care is provided well. The management of the home is good. I am happy with how people are treated" and "Staff are very welcoming and knowledgeable. Service users' [people who live at the home] needs are most certainly met. Staff are receptive to suggestions. I have no issues at all with this home."