The 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?	Requires improvement

Overall summary

Footherley Hall is registered to provide care and support for up to 50 people. At the time of our inspection 48 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 there were some omissions in the way people's medicines were recorded but people were supported to take their medicines safely.

There were arrangements in place to keep people safe from harm. Staff understood how to recognise abuse and

Summary of findings

the actions they should take to protect people. People's risks associated with their care were identified, assessed and managed to reduce the risk. People who, because of their dementia, sometimes presented with behaviours that challenged their safety were supported in a consistent manner designed to reduce their anxiety.

The level of staffing had been increased and shift times altered to reflect people's needs. There were suitable processes in place to recruit staff and maintain the environment.

Staff had access to training to improve their knowledge of care and enhance their skills. Staff sought people's consent before providing care. Some people who used the service were unable to make certain decisions about their care. In these circumstances the legal requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) were followed. The MCA and the DoLS are in place to protect people who cannot make decisions for themselves or lack the mental capacity to do so.

People had a choice of nutritious food and adequate drinks which met their individual needs. People were supported to enjoy their food in a pleasant and unhurried manner. Whenever necessary specialist advice was sought from other health care professionals to support people's health and wellbeing.

People received kind and compassionate care. Staff supported people to maintain their dignity, independence and privacy. People were able to maintain their important relationships, as relatives and friends could visit at any time.

Staff gained information about people so that they could provide care which met their preferences. People enjoyed a varied programme of entertainment and support with their hobbies to prevent them from becoming socially isolated. People told us they had no complaints about their care but felt empowered to raise concerns if they needed to.

There was a programme of audits in place which were used to monitor the quality of the service. Everyone felt there was an open and transparent atmosphere in the home because people, relatives and staff were asked to share their views on the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe. People were cared for by staff who understood how to protect them from abuse and avoidable risks. There were sufficient numbers of suitably recruited staff to meet people's needs and keep them safe. People were supported to take their medicines.

Good

Is the service effective?
The service was effective. Staff were supported to gain the knowledge and skills to care for people effectively. People's rights were protected because staff understood the necessity to gain people's consent for care and the legislation which supported this. People's dietary and healthcare needs were closely monitored and health professional advice sought.

Good

Is the service caring?
The service was caring. People were cared for by kind, caring and compassionate staff. Staff supported people to maintain their dignity, privacy and independence.

Good

Is the service responsive?
The service was responsive. People were asked about their likes, dislikes and preferences to ensure their care met their needs. There was support for people to pursue hobbies and activities that interested them. People and their relatives knew how to raise concerns or complaints if they needed to.

Good

Is the service well-led?
The service was not consistently well-led. The recording of people's medicines was not consistent. There was no registered manager in post however the manager was progressing through the registration process. There was open and transparent communication in the home. The quality of the service was monitored.

Requires improvement

Footherley Hall

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.

The inspection took place on 29 October 2015 and was unannounced. The inspection was carried out by two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of service.

We looked at the information we held about the service and the provider including notifications they are required to send us about significant events in the home.

We spoke with eight people who used the service, four relatives, five members of the care staff, a visiting health care professional and the manager.

We spent time observing care in the communal areas of the home to see how staff interacted and supported people who used the service.

We looked at the care records for four people to see if they accurately reflected the care people received. We also looked at five recruitment files and records relating to the management of the home including quality checks, training records and staff rotas.

Good

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe. One person said, "I'm safe here. I wouldn't be afraid to go to the staff and tell them anything. A relative told us, "Staff understand how to protect people from abuse". Staff demonstrated a good knowledge of safeguarding. One member of staff said, "Abuse isn't just about bruises there are lots of other things, like neglect and saying nasty things". Staff knew how to report their concerns, another member of staff said, "I'd go straight to the head of care or the manager".

People risks of avoidable harm had been identified and assessed. We saw the risk assessments contained information which was individual to the person. There was guidance for staff included on the way they should be supported to mitigate their risk. For example, we read that one person's delicate skin was at risk of damage from pressure. We saw the person's assessment included the use of special cushions and mattress's to reduce their risk when sitting and lying and saw these were in place. Another person's mobility had deteriorated and we saw their risk assessment and management plan had been altered to reflect the change. We observed this person being assisted to move and saw staff supported them in line with their assessment.

Some people who used the service were living with dementia and occasionally presented with behaviour that challenged their safety and that of others. We saw that staff kept records of incidents when people became anxious and their behaviour became challenging as a consequence of this. Staff recorded the circumstances before the incident to identify what may have triggered it and how they supported the person to calm them. This meant staff recorded what may have upset the person and the effectiveness of their approach to calm them. One member of staff said, "We all need to support them in the same way to make them feel secure".

People told us there were sufficient staff to support people. We saw staff responded promptly to people when they needed support. One person said, "They don't waste time. As soon as you buzz they're there". The manager told us they had reviewed the staffing levels and made changes to staff shift times to reflect people's needs. We saw from the rotas that consistent staffing levels were being maintained and that, at busy times, for example first thing in the morning, more staff were available to support people.

There were maintenance arrangements in place to ensure the home remained safe for people to live in. Contingency plans were in place to ensure people could be supported appropriately if it was necessary to vacate the building in an emergency. We saw the personal emergency evacuation plans were regularly updated to reflect people's mobility and the level of assistance they required.

Staff told us that all the pre-employment checks were completed before they were able to start work. A member of staff said, "I had to give the names of people to provide references and wait for my disclosure and barring [DBS] clearance before I could start". The DBS is a national agency which provides information about previous criminal records. We looked at five recruitment records which confirmed that all of the checks were in place. Regular DBS checks had recently been implemented for all of the staff working at the home. This demonstrated that there was a process in place to check and monitor if staff were of a suitable character to work in a caring environment.

People told us they received their medicines regularly. One person said, "My medicines always come on time. I have them three times a day. They make sure I've taken them as well". We saw that staff sat with people and explained what they were being given. We heard one member of staff say, "Is it alright if I give you your tablets?" When people were prescribed medicines on an 'as and when required' basis, such as for pain relief, we heard staff checking with people to see if they were in discomfort and needed medicine. This demonstrated that people received their prescribed medicines to maintain their health and wellbeing.

Good

Is the service effective?

Our findings

People told us the staff knew how to care for them. One person said, "They know exactly what to do". Another person said, "They certainly know how to look after me". Staff told us they received training to enhance their skills and knowledge to provide people with care that met their needs. One member of staff said, "They are really good with the training here. They'll look into anything I want to do". Another member of staff told us they had been trained to administer insulin and said, "I wanted to do this and it means that people can have their insulin without having to wait for the district nurse to visit. I didn't start doing it until I was confident". New staff had the opportunity to learn about people and the home during their induction process. A member of staff told us, "My induction has been really good. I'm doing the new care certificate and the manager checks that I understand everything". The Care Certificate is a new national training programme which sets out the learning, competencies and standards of care that staff should meet.

There were arrangements in place to support the staff. Staff told us about the opportunities they had to discuss their wellbeing, performance and their personal development. One member of staff said, "I have regular supervisions but I can always ask the head of care or the manager if I want a chat before then".

We heard staff gaining consent from people before providing care. The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) set out the requirements that must be in place to support people who are unable to make important decisions for themselves. The care plans provided evidence that people's capacity was considered through all areas of their care. The manager told us that they had identified some people needed to be assessed to ensure the door locks they had in place did not constitute a deprivation of their liberty. We saw that applications had been made for formal assessments as required which demonstrated an understanding of the Act.

We saw that people were supported to enjoy a sociable mealtime. People told us they were given choices about their food and where they would like to eat. We saw that breakfast was served to people in their bedrooms. A relative told us, "This is what [The person who used the service] prefers. It means there's no rush in the morning". At lunchtime we saw staff transferred people from their wheelchairs to sit on dining chairs, which meant they were in a better position to eat comfortably. Staff knew the foods people liked and accommodated their choices, for example we saw some people preferred to eat the legs from a roast chicken and we saw staff served their meals as they had requested. People were supported to eat according to their individual

needs. We observed staff talking with people and involving them whilst they sat and supported them. People were not rushed to eat and we heard staff asking if people were ready before offering more food. A member of staff said, "How is that? Is it too hot? Shall we just sit and wait for a moment to let it cool?"

People's weight was monitored closely and we saw appropriate action was taken if there was concern about weight loss. We also saw that staff took action when they recognised that people were having difficulty with eating. For example we saw that staff had raised concerns about a person's ability to swallow food and drinks safely. We saw the person's GP had been consulted and interim arrangements had been put in place until the person could be assessed by a specialist.

People told us their health was supported by referral to other specialists whenever necessary. One person told us, "They will always call the Dr when I need them". Another person said, "The optician comes in to see me. My eyes aren't so good now". A visiting health care professional told us, "The staff listen to what we advise. They're good here".

Good

Is the service caring?

Our findings

People and relatives were complimentary about the staff and the care they received. One person told us, “They are exceptionally good”. Another person said, “The staff are excellent. I can’t think of anywhere better to be”. A relative told us, “We’re lucky to have her here. The home is superb”.

We saw there were good relationships between people and staff. Staff listened to people’s views with patience and interest. A person told us, “The staff are very patient with everyone. You can have a natter with them”. Another person said, “The staff are very kind and very helpful. I feel I can talk to them when I need to”. During the day we saw staff sitting with people to chat and heard frequent laughter between them. One person said, “I like having fun with the staff”.

People told us the staff showed them respect. One person said, “They speak courteously and with great respect”. A relative said, “The staff are so polite to everyone. It’s really lovely”. People’s dignity was promoted by staff who spoke with them discreetly when enquiring about their personal needs. We saw that people were supported to maintain their appearance and looked well presented in clothes they told us they had chosen for themselves. We saw staff adjusted people’s clothing to ensure they were covered appropriately. One member of staff spotted that a person’s clothing was caught up and said, “Let’s pull your dress down a little bit shall we”. We saw staff checked that people’s faces and clothes were clean when they’d finished eating to maintain their presentation if they were unable to do this for themselves. This demonstrated that people were assisted to maintain their self-respect.

People were supported to maintain their privacy. We heard people being asked if they wanted their bedroom doors left open or closed. We saw staff knocking on the toilet and bathroom doors to check they were vacant before taking people in. People told us the staff always respected their privacy. One person said, “They always knock on my door. Sometimes I say, ‘just wait a minute’ and they always do”.

Staff understood the importance of supporting people to remain as independent as possible. We saw people being helped to move and heard staff encouraging them to do as much for themselves as they could. One member of staff said, “It’s important to [Name] to stay as independent as possible”.

Staff knew which relationships were important to people. We heard staff speaking with people and referring to their relatives in their conversations. People told us they kept in touch with their friends and families. One person said, “My visitors can come to see me at any time”. We saw several friends and relatives visiting. They told us they were welcomed into the home at any time and could if they preferred spend time in private. One visitor said, “We are welcome anytime and the staff always offer us some refreshments”.

Good

Is the service responsive?

Our findings

People told us the staff knew them really well. One person said, "The staff know exactly what I like". There was a family liaison officer in post who visited people before they came into the home to assess their needs and complete information about them to share with staff. People and their relatives told us they were encouraged to share information so that staff could provide care in the way people preferred. The care plans provided detailed information about peoples past lives, their important relationships and how they would prefer to be supported which meant people's care could be tailored to their choices. We read that people and their relatives were encouraged to be involved when care was reviewed to ensure it still met their needs. One relative told us, "I was present at the review to support [The person who used the service]".

People were offered opportunities to socialise together or, if they preferred, spend time doing what they enjoyed. One person said, "We have some interesting activities". A member of staff told us, "We're looking into activities to tailor them to people's preferences. It's why life histories are so important because we can get it right for each person". We saw staff ensured people had their newspapers or books when they settled them into their armchairs. One person had worked in an office and enjoyed transcribing text. We saw staff provided them with 'work' to do which they then read back to them. Staff told us the person had been asked to take the minutes at a recent meeting. There were volunteers supporting people and we heard them reading the main headlines and stories from the day's newspaper by using a microphone so that everyone could hear. People were encouraged to comment on the stories and this led to some people reciting favourite poems they remembered from their childhood. During the afternoon there was a game of bingo and staff sat with the people who needed some assistance to enjoy the game.

People were supported to take part in religious ceremonies of their choice. We saw there were opportunities for people to take part in services in the chapel of the adjoining convent. We heard the Nun's asking people if they would like to be involved. One person told us, "I like going to the service". There were also opportunities for people to attend services for other denominations as there were regular visits from the clergy of other faiths. People told us that on Sundays they could have their tea whilst watching a religious programme on the television if they wanted. This demonstrated that people's diverse needs were recognised.

People told us they would be happy to raise complaints or concerns if necessary. One person said, "I'd tell the manager but I've never had any reason to complain". A relative told us, "We're very happy, no complaints but there is a procedure if you want to complain. I've no doubt it would be sorted out". There was a complaints system in place and we saw that an investigation took place before a full response was provided.

Requires improvement

Is the service well-led?

Our findings

We found there were some errors in the way some people's medicines were recorded. Staff had not carried over stock of some medicines which made it impossible to check if there were correct totals in place. We also saw that, at times, staff had not recorded the reason why a person did not have their medicine, for example if they refused. Medicines need to be stored at constant temperatures to maintain their condition and we saw that the checks were not consistently recorded. The medication administration records were due to be checked by the manager as part of the monthly audit process and we saw that, when errors had been identified in the past, actions had been taken to rectify them. This meant that there were processes in place to monitor medicine recording and take appropriate action when required.

There was no registered manager in place however we saw from documentation shown us by the manager that their application to register with us was progressing. The manager was also fulfilling our statutory requirements by informing us about important events which occurred in the home. This demonstrated that the manager understood the requirements of a registered manager.

The quality of the service was reviewed and monitored regularly. We saw there was an audit programme in place which looked at all aspects of care. Information from audits was shared with staff to ensure lessons were learnt. For example we saw that one audit had identified some gaps in staff knowledge and staff had received an update. Accidents and incidents were monitored and the information was used to identify if there were any trends so that action could be taken to reduce risks to people. There were action plans in place to ensure any improvements were made in a timely and organised manner. We saw the manager also had an annual plan detailing the improvements they intended to make which included a refurbishment programme and training for staff in end of life. This training would mean improvements in care to provide people with the opportunity to end their lives surrounded by carers and sisters who know them well.

Everyone spoke highly of the manager. One person said, "I know who she is. She's very approachable". People and their families had the opportunity to share their views on the service and the way the home was run. One person said, "We have questionnaires and they listen to our suggestions". A relative told us, "They are very receptive. You can always make suggestions".

An open and inclusive atmosphere was promoted. One person said, "There's definitely an open culture. You only have to ask a question and they answer you straight away". Staff told us they had regular meetings to discuss changes in the home which might affect them. Staff told us they felt listened to. One member of staff said, "The manager's door is open. I'd have no hesitation in speaking to her about anything".