

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?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

This inspection visit was unannounced and took place on 17 September 2017. At our last inspection visit on December 2015 we asked the provider to make improvements to the medicine auditing process and for the manager to complete their registration with us. At this inspection, we found improvements had been made, however in our effective section we require the provider to make some further improvements. The service was registered to provide accommodation for up to 50 people. People who used the service had physical health needs and/or were living with dementia. At the time of our inspection 46 people were using the service. The home is situated in a small village and is adjoined to a convent with a small working chapel; sisters support the management and running of the home.

There was a registered manager 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.

People were supported to make choices, however the assessments did not always reflect the person's level of understanding in different situations. We saw that staff knew how to keep people safe and raised any concerns if necessary. Risk assessments had been completed to reduce risks or provide guidance. There was enough staff to support people's needs and this was supplemented by the sisters from the adjoining convent. People received their medicine to support their health conditions.

Staff had received a range of training for their roles and this enabled them to provide care in a supported and enabling way. There was a friendly atmosphere and staff had established relationships with people. People enjoyed a positive meal experience and their nutritional needs had been catered for. When required health care professionals advice had been sought had their guidance followed.

Peoples care plans were individual and recorded preferences in relation to their daily routine and their interests and hobbies. We saw these had been reflected in the stimulation on offer. People's dignity was respected and this included their choice of faith.

Staff felt supported by the provider and the manager. A range of audits and quality measures had been implemented to consider improvements and ongoing developments to the home. People had an opportunity to comment on the service they received and their comments had been reviewed and considered. Complaints had been acknowledged and responded to. We saw that the previous rating was displayed in the reception of the home as required. The manager understood their responsibility of registration with us and notified us of important events that occurred at the service; this meant we could check appropriate action had been taken.

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 was safe

Staff knew how to keep people safe from harm and how to report any concerns that they had. Risks to people's health and wellbeing were assessed and plans to manage them were followed. There were sufficient staff and a safe recruitment procedures when employing new staff. People were supported to take their medicines safely and there were systems in place to store them securely.

Is the service effective?

Requires Improvement ●

The service was not always effective

People were supported to make choices, however the assessments did not always reflect the person's level of understanding in different situations. Staff received training to enable them to work with people and develop their role. People enjoyed the meals and they were supported to maintain a balanced diet. Health care needs were promoted to maintain people's wellbeing.

Is the service caring?

Good ●

The service was caring

Staff developed caring, respectful relationships with the people they supported. People's privacy and dignity were respected. Relatives and friends were welcomed to visit freely. There was an opportunity to receive support with your chosen faith.

Is the service responsive?

Good ●

The service was responsive

People and relatives were involved in planning and reviewing their care. We saw that a wide range of activities provided stimulation for people. Complaints were investigated and responded to in line with their procedure.

Is the service well-led?

Good ●

The service was well led

Staff felt supported by the manager and had the opportunity to develop their role. Audits had been completed to reflect

improvements to practice and the environment. People and relatives had the opportunity to provide feedback on the home. The manager understood their role in relation to their registration.

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Detailed findings

Background to this inspection

We carried out this inspection visit 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. Our inspection was unannounced and the team consisted of two inspectors.

The provider completed 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. We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information that we had received from the public. We also spoke with the local authority who provided us with their current monitoring information. We used this information to formulate our inspection plan.

We spoke with five people who used the service and three relatives. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We also spoke with five members of care staff, the cook, the deputy, the family liaison and the registered manager. We looked at a range of information, which included the training records to see how staff were trained, and care records for four people who used the service. We also looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

People told us they felt safe when they received care. One person said, "I have no worries, the staff all know what I need and look after me very well." Staff we spoke with a good understanding of how to protect people from harm. Guidance was displayed on the notice board and staff felt confident to raise any concerns with the registered manager. One member of staff told us, "I would report any concerns, it's not a problem here. They're hot on things like that and don't ignore things." We saw any safeguards had been reviewed with other healthcare professionals to protect people and what actions they had taken. This meant we could be sure people were protected.

Risks to people's health and wellbeing was managed to keep them safe. One relative we spoke with told us, "[Name] needs have changed over the years and they have adapted the support to meet these. Two years ago they purchased a special chair to support them." Risk assessments had been completed to reflect the level of support people required. We saw how sensor equipment had been implemented in people's rooms so that staff would be alerted if they should fall or get up from their bed. Some people required equipment to transfer and we saw when these were used staff had the skills and knowledge to use them safely. During the transfers we saw that the staff spoke to the person and provided guidance to what they were doing, we saw this provided people with reassurance.

People were supported by staff who they knew them well and any additional support hours were covered from agency staff. Relatives we spoke with said, "There always seems to be enough, if they are short, it's not obvious as people are always supported." Staff we spoke with felt there was enough staff. We saw that a dependency tool was used to identify the level of staffing in relation to people's needs. In addition to this the manager told us, "We have just completed an exercise of doing mini assessments by the care staff to ensure the tool we are using is reflecting the levels of support people require." We saw that staffing levels had been increased to reflect these needs.

We saw that checks had been carried out to ensure that the staff who worked at the home were suitable to work with people. These included references and the person's identity through the disclosure and barring service (DBS). The DBS is a national agency that keeps records of criminal convictions. One member of staff told us that they had to wait for their DBS check to come through before they started working. All the sisters who supported people within the home had also received a DPS check. This demonstrated that the provider had safe recruitment practices in place.

People were given their medicines as prescribed on an individual basis. Time was taken to explain about the medicine and people were offered additional medicine for pain relief (this is known as PRN). When people did have PRN medicines prescribed we saw that there were protocols in place to guide staff when they should be given. We saw that records were kept and that medicines were stored in locked trolleys and managed safely to reduce the risks associated with them. Staff had received training to safely administer medicines and competency checks had been carried out. We saw that some staff competencies had not been completed recently. We discussed this with the manager and since the inspection they have

introduced a routine competency check to ensure that staff are checked on a regular basis.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and 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. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions are authorisations to deprive a person of their liberty were being met.

Where concerns about people's capacity had been identified, a capacity assessment had been completed; however this was generic and did not consider that a person could have differing levels of capacity dependent on the decision that needed to be made. For example, to make decisions about their personal care, however not about their medicine or the use of equipment. Where an assessment had been completed, it was not clear how the decision had been made and who had been included in that process. We spoke with the registered manager about the assessments, they acknowledged they were not decision specific and they would work towards correcting this with all the people it was relevant for.

We recommend that the provider seeks advice on best practice, to assess people's capacity in relation to specific decisions for people living at the service.

Staff told us they received training to support their role. For example, we saw that two staff had increased their responsibilities in a more senior role. One of these staff members said, "I have been shown how to use the system and had time to spend with senior staff learning different parts of the job." They added, "I can always ask and they are happy to respond and support." New care staff had received an induction which covers some basis training and the national care certificate. The care certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours. One staff member told us, "I am really enjoying the training, its sharing knowledge and awareness." We saw that some bespoke training had been commissioned by the manager. They told us, "There has been a rise in sepsis, so I felt it would useful for the senior staff to have a better understanding." We saw this training had been planned and staff allocated to attend.

People enjoyed the meals. One person said, "Nice breakfast, this is my second. You can have what you want." Another person said, "There is so much, I can have a choice or something different if I want." A relative commented, "There is very good nutritious food with lots of 'home cooked' food served in a lovely dining room." We observed the midday meal. People had the choice of sitting in their friendship groups and the meal was presented to them. There were condiments on the table and the food was served in suitable crockery for the person needs. Some people required a specialist diet and we saw this had been catered for. When health care professionals had been consulted their advice was recorded and shared with all the

relevant people. We saw that throughout the day the sister supported people with meals. One relative said, "The sisters have a presence about them. They're loving and kind and take their time. They never rush the meal."

People had access to health care to support their wellbeing. There was a link with the local GP practice who attended on a weekly basis. One relative told us, "They know [name] so well, they know at the moment they are not quite themselves so have asked the GP to review them. They're on the ball." We saw that referrals had been made to a range of health care professionals in a timely manner and any guidance followed. One health care professional we spoke with said, "We have a regular meeting with the senior staff and communication here is good. They support my role and notes are kept confidential."

Is the service caring?

Our findings

All the people and relatives we spoke with said the care was excellent. One person said, "I have lived here for many years. I like it very much and I am glad to be here it's wonderful." One relative said, "Fantastic, caring staff some of whom have been there a long time." We saw that staff knew people well and spent time talking to people and their visitors. One relative said, "Staff go out of their way to get to know [name] and the family." Another relative said, "The staff take time to talk with residents and aren't afraid to touch them in a caring and compassionate way which is always lovely to see."

Relatives were welcome at the home. One relative said, "We visit twice a week, but had been told from the start you can visit anytime or call." We saw that people who mattered to the person had been included in discussions and decisions at their request. One relative said, "They keep me informed of any changes." Another relative said, "They keep me informed and I keep them informed. I feel confident and happy when I am not able to attend, the care is brilliant."

People told us they felt their privacy and dignity was respected. One person said, "I am respected at all times, the staff are always polite and kind." A relative said, "The sisters set an example, they're so calm. Things are dealt with very professionally." Another relative told us, "There is a high regard for residents privacy and dignity." We saw staff knocked on doors before entering rooms and people's consent was requested or discussed before assisting them.

We saw that people were able to follow their own religious beliefs. The home had an adjoining chapel which held mass at different time throughout the week. People were supported to join the service, along with relatives and members of the public. Other faiths were also recognised and services for these were held on a regular basis.

Is the service responsive?

Our findings

There was a structured approach to when people were considering care at Foothterley. We saw that the family liaison person provided the initial assessment and details required for staff to commence their support. They told us, "I complete an initial assessment and then after four to six weeks this is reviewed and a more in-depth assessment is completed." On the day of our inspection some new people had commenced their stay at the home. We reviewed their care plans which showed that all aspects of care had been reflected. On their first day the cook had also spoken to them with regard to their preferences and the activities coordinator about their interests and hobbies. One relative said, "I was really worried about [name] coming to live in a home, but from the moment I walked in for an initial visit I knew this was the place." They added, "Since moving in, they always seem happy that's the most important thing. I can't believe I was lucky enough to find this wonderful place."

People and relatives told us they had been involved in identifying their needs and ongoing reviews. One relative said, "We have regular meeting to go through the care plan." We saw that in the PIR the provider had told us they would be introducing a three monthly programme of reviews. We saw this process had commenced and some reviews had been completed. From the reviews we saw that any changes requested had been followed up and care plans amended. Also within the PIR the home told us they would be introducing a one page profile, to be kept in the persons rooms. The manager told us, "This would provide a summary and snap shot of information to support the care staff." Night care plans were due to be developed and implemented. The manager told us, "This has come about after I had worked a night shift. I felt the staff would benefit by having more knowledge about peoples preferences."

The staff had completed a daily handover to share with staff commencing their shift and any changes which had occurred with people and any actions required. One staff member said, "It's helpful as if someone is unwell you can keep a closer eye on them." This ensured that people received continuous care as their needs changed.

People told us they enjoyed the activities on offer. One person said, "There is a lot going on and they arrange different activities." There were three activity coordinators who cover the week with the exception of Sundays. We talked to one of the activity coordinators, they told us all the coordinators discuss the activities and planned how to include different people's needs. For example, some people used to enjoy knitting, a monthly group has been established, 'Knit and natter.' The coordinators said, "We use the lounge upstairs so it's a different environment. We also have a gentleman who enjoys playing the keyboard, which gives him an opportunity to keep up his skills and provides so enjoyable background noise." We saw that there was plenty of equipment and the coordinator told us, "The manager is generous and we have the friends of the home who support us." Other activities had been tested, an adult twist on magic painting, they told us, "We trialled it with a few books, then when it was popular we ordered some different ranges, tools, seaside and others."

There was a 'Friends of Foothterley group', which raised funds to support the activities on offer within the

home. One relative said, "The 'Friends' provide lots of additional extras for people including entertainment, trips out, presents at Christmas etc." During the inspection people were engaged in activities and during the afternoon there was a musical entertainer who provided entertainment. We saw people sang along to the music and some people danced independently or with staff. This meant people were encouraged to engage in activities of interest to them.

The provider had a newsletter, which showcased information from the provider's locations. These included photos which showed events and news items of interest. One relative said, "It's informative and shows just how much they do here."

We saw there was a complaints policy displayed in the reception and people and relative knew how to raise any concerns. One relative said, "I have no complaints. If I did I feel confident it would be dealt with immediately." There had been no complaints since our last inspection.

Is the service well-led?

Our findings

Our previous inspection found whilst the provider was not in breach of any regulations there were areas relating to the running of the home that required improvement. We reported on these in our last report. During this inspection we found that the provider had taken note of our comments and had made improvements.

People and relatives told us they found the service to be kind and welcoming. One person said, "I feel secure and comfortable." One relative said, "The home is super clean and well decorated with lots of lovely touches to make it homely." Another relative said, "The managers door is always open, they are dedicated, as are the team." Staff we spoke with all told us it's a nice place to work. One staff member said, "There is good support here, any concerns you can go to the seniors or the manager." Other staff said, "It's like a family."

Staff we spoke to also told us they received support in their roles and through supervision. One staff member said, "I love supervision. It's an opportunity to praise people for their work and support them to develop." Another staff member said, "It's nice to have that time to discuss things."

When the provider used agency staff we saw that checks had been completed. This included explaining about the fire evacuation procedures and pairing them with an experienced staff member to support them to become familiar with people using the service. One staff member told us, "We have had agency staff, however they have been regulars and they have really got to know people."

Systems were in place to monitor the quality of the service. We saw that audits had been completed in relation to accidents and incidents, and when required referrals had been made to the falls team or occupational therapists for equipment and guidance. Other audits covering all areas of the home and care had been completed. Following the home having a second outbreak of sickness the staff team completed a post talk to reflect on what else they could do to reduce the risk of sickness in the future, in addition to the infection control audit. A reminder was given to all staff with regard to hygiene, we saw all staff carried hand wash and we saw this was used. The home is supported by a septic tank, so various checks are completed in relation to this to ensure there was no risk from this area. The manager had also arranged for tests to be completed on the drinking water as an additional precautionary measure. This showed the provider and manager reflected on situations to drive improvements. We saw that care plan audits had been completed and any changes identified had been passed to the care team to amend. Some audits relating to medicines had not always identified areas of improvements, however we discussed these with the manager who after the inspection provided us with evidence of a new audits system they had implemented.

We saw that areas of the home had been refurbished and other areas had been planned to make improvements for people using the service. For example, a bathroom was being refurbished to accommodate an accessible bath, like others in the home. Chairs were also planned to be replaced in the lounge.

The provider had asked for feedback from the people who use the service and relatives. The quality audit

was positive; however some comments reflected people had not always been responded to quickly when they pressed their call bell. We saw the manager had held a staff meeting to discuss these concerns. Other aspects of care were also discussed and the staff told us it was an opportunity to receive information and provide their own contribution to the home.

The provider had notified us about important information affecting people and the management of the home. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating.