

Franciscan Missionaries of St Joseph

Franciscan Convent

Blackburn

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

This was an unannounced inspection which took place on 14 January 2015. The service was last inspected in January 2014 when it was found to be meeting all the regulations we reviewed.

The Franciscan Convent is a home caring for the elderly Sisters of the congregation of the Franciscan Missionary of Saint Joseph. The service also accommodates females

from other religious denominations. The service is registered to provide accommodation and personal care for up to 13 people. There were 9 people living at the service at the time of our inspection.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

People who used the service told us they felt safe living at the Franciscan Convent. Relatives we spoke with confirmed they had no concerns about the safety of their family members.

All the people we spoke with gave very positive feedback about the caring attitude and approach of staff. People who used the service told us they considered staff knew them well and always respected their choices and preferences about the way they wished their care to be delivered. Although the ethos of the service was Catholic, people who used the service who were not of this faith told us they were treated equally and their views respected.

Care records we looked at showed people's needs, wishes and preferences were recorded and regularly reviewed. Records provided good information for staff about how to promote people's independence and ensure they were supporting people to achieve their goals.

Risk assessments and risk management plans were completed and regularly reviewed to help ensure people were protected against the risk of falls, pressure ulcers or poor nutrition and hydration.

We found the systems to ensure the safe administration of medicines in the service were not sufficiently robust to ensure people who used the service were adequately protected.

Staff were able to tell us of the correct procedure to follow should they have any concerns about the safety of a person who used the service. Staff also knew how to report any poor practice they might observe in the service. They told us they were confident they would be listened to by the managers in the service if they were to raise any concerns.

Some improvements needed to be made to ensure that recruitment processes in the service were sufficiently robust to protect people from the risks of unsuitable staff. We found staffing levels were appropriate to meet the needs of people who used the service.

Staff had received appropriate training for their role, including moving and handling, the administration of medicines and dementia awareness. However we found improvements needed to be made to the supervision and appraisal systems in the service to ensure staff were supported to continue their learning and development.

Staff we spoke with were aware of the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions. The assistant manager on duty during the inspection demonstrated their knowledge about the process to follow should it be necessary to place any restrictions on a person who used the service in their best interests.

Staff told us they enjoyed working in the service and received good support from their colleagues and managers. They told us they felt valued in their role and appreciated being able to spend time with people who used the service.

People told us they were aware when they chose the service that limited activities were provided although they were supported to attend the daily religious services if they so wished. None of the people we spoke with expressed any concerns about the lack of activities and told us they enjoyed spending time in their own rooms. We were told Sisters living at the Franciscan Convent would spend time with people who used the service on a daily basis.

Some improvements needed to be made to the quality assurance systems in the service to ensure that the health, safety and welfare of people who used the service were always protected. This included the need for more robust health and safety checks.

All the people we spoke with told us the registered manager of the service was very approachable and would always listen and respond if any concerns were raised.

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 not always safe. This was because improvements needed to be made to ensure people were protected against the risks associated with the unsafe management of medicines in the service.

Risk assessment and risk management procedures were sufficiently robust to help ensure people always received safe and appropriate care.

There were sufficient staff available to meet people's needs. Some improvements needed to be made to the recruitment process to ensure people who used the service were protected from the risk of unsuitable staff.

Requires Improvement



Is the service effective?

Some areas of the service required improvement to ensure the care people received was effective.

Staff employed to work in the service had received appropriate training. However, improvements needed to be made to the supervision and appraisal systems in order to ensure staff received the necessary support to be able to deliver effective care.

Staff were able to demonstrate an understanding of the principles of the Mental Capacity Act 2005. This should help ensure staff were able to support people to make their own decisions wherever possible.

Systems were in place to help ensure people's health needs were met.

Requires Improvement



Is the service caring?

The service was caring.

People were highly complimentary about the kind and caring nature of staff. This was confirmed by the positive interactions we observed between people who used the service and staff during our inspection.

Although the ethos of the service was Catholic, people who used the service who were not of this faith told us they were treated equally and with respect.

Good



Is the service responsive?

The service was responsive to people's needs.

People told us they always received the care they needed. They told us they were able to raise any concerns they might have with the registered manager and were confident they would be listened to.

People who used the service enjoyed the quiet and reflective nature of the service. Where necessary, staff supported people to participate in the religious services which took place and in the activities which were provided on an occasional basis.

Good



Summary of findings

Is the service well-led?

Improvements needed to be made to the way the service was led.

Quality assurance processes were not sufficiently robust to ensure the health, safety and welfare of people who used the service were always protected.

The home had a manager who was registered with the Care Quality Commission and was qualified to undertake the role.

Staff told us they enjoyed working at the Franciscan Convent and felt well supported by their colleagues and managers in the service.

Requires Improvement



Franciscan Convent Blackburn

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 inspection took place on 14 January 2015 and was unannounced. We had not requested the service complete a provider information return (PIR). However, before our inspection we reviewed the information we held about the service including notifications the provider had sent to us. We contacted the Local Authority safeguarding team, the local commissioning team and the local Healthwatch organisation to obtain their views about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The inspection was undertaken by one inspector. During the inspection we spoke with four people who used the service, two visitors, including a relative and a further relative who also lived at the Franciscan Convent. In addition we spoke with two care staff and the assistant manager who were on duty on the day of the inspection.

With their permission, during the inspection we spoke with people who used the service in their own rooms. We also observed interactions between people who used the service and staff over the lunchtime period.

We looked at the care and medication records for three people who used the service. We also looked at a range of records relating to how the service was managed; these included staff files, training records and policies and procedures.

Is the service safe?

Our findings

All the people we spoke with who used the service told us they felt safe living at the Franciscan Convent. Comments people made to us included, “I feel safe due to the fact that we have people around”, “I feel completely safe” and “I feel safe because I know I have someone to contact at night.” Relatives we spoke with told us they had no concerns about the safety of their family member in the Franciscan Convent. One relative commented, “I feel confident I’m leaving [my relative] in safe hands.”

Staff we spoke with told us they had completed safeguarding training. They were able to tell us what procedure they would need to follow if they had any concerns about a person who used the service. They told us they were confident they would be listened to by senior staff and the registered manager if they were to raise any concerns. Staff also told us they were aware of the whistle blowing (reporting poor practice) policy for the service.

Care records we reviewed contained risk assessments that identified if a person was at risk of harm from conditions such as pressure ulcers, poor nutrition and hydration, restricted mobility and the risk of falls. We saw that these records had been regularly reviewed and updated where necessary. Care records also included good information for staff about how to manage any identified risks while supporting people who used the service to be as independent as possible.

Records we looked at showed us risk management policies and procedures were in place; these were designed to protect people who used the service and staff from risk including those associated with cross infection, the handling of medicines and the use of equipment. Records we looked at showed us all equipment used in the service was maintained and regularly serviced to help ensure the safety of people in the Franciscan Convent.

We saw a fire risk assessment had been completed for the service; this was reviewed annually by an external company. A personal evacuation plan (PEEP) had been completed for each person who used the service; this documented the support people would need in the event of an emergency at the service.

A business continuity plan was in place to provide information for staff about the action they should take in the event of an emergency.

We saw there were recruitment and selection procedures in place which met the requirements of the current regulations in the main. However, we noted the application form did not ask applicants to provide a full employment history. Applicants were also not asked to explain any gaps in their employment. This meant people might not be protected from the risk of unsuitable staff.

We looked at three staff files and found the necessary pre-employment checks had been undertaken. All the staff we spoke with confirmed these checks had been completed before they started work in the service.

We found staffing levels were appropriate to meet the needs of people who used the service. Staff told us they had time to spend with people. One staff member told us, “I feel I have the time to sit and talk. We’re not rushing.”

People who used the service told us staff always responded promptly if they needed any care or support. One person commented, “I think there are enough staff. If you ring the bell they come; it’s the same at night as well.”

We found there were policies and procedures in place to support the safe administration of medicines. People who used the service told us they always received their medicines as prescribed. We noted, where necessary, people had signed to confirm their consent for staff to administer their medicines.

We saw, where appropriate, people were supported to maintain their independence in taking their medicines. Where people took responsibility for their own medicines, risk assessments were in place to ensure people understood what medicines they were prescribed and when they should be taken. However, we noted one person’s risk assessment did not include the details of the medicines to which it referred; the risk assessment had also not been reviewed since July 2014. This meant there was a risk the information might not be accurate.

Although the care files we reviewed contained information about the medicines prescribed for individuals, we noted there were no care plans relating to medicines which people were prescribed on an ‘as required’ basis. This meant there was a risk staff might not recognise when ‘as required’ medication should be offered to people.

We looked at the medication administration record (MAR) charts for three people. One person had been prescribed pain relief three times a day. The records indicated this

Is the service safe?

medicine had been regularly administered in the morning and on one occasion at 5pm; there was no evidence that the person had been offered and refused pain relief at other times during the day, as prescribed. We discussed this with the assistant manager who told us the person concerned was able to ask staff for pain relief when needed, but acknowledged that the administration record had not been fully completed.

Records we looked at confirmed staff had completed training in the safe administration of medicines. However,

we found there was no formal assessment of their competence to administer medicines safely. We were told this was because staff always administered medicines in pairs which reduced the risks of errors occurring.

The administration of medication was not done in a consistently safe way; this was a breach of Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Is the service effective?

Our findings

People who used the service told us they considered staff had the necessary knowledge and skills to provide the care they needed.

Staff told us they had received training in a range of topics relevant to their role. These included safeguarding vulnerable adults, moving and handling, and first aid. We saw staff had also received training related to people's needs which included the care of people with a dementia. This should help ensure staff had the necessary skills and knowledge to effectively meet people's needs.

We noted two of the Sisters of the Franciscan Missionary regularly worked in either the kitchen or the laundry on a regular basis. However, they told us they had not received up to date training in either food hygiene or infection control. This meant there was a risk people who used the service might be at risk of cross infection.

Staff told us they had completed an induction programme when they started work at the Franciscan Convent. All the staff we spoke with told us they had felt prepared for their role at the end of the induction period.

We looked at the file for a member of staff who had recently been recruited to work in the service. We saw evidence that checks had been carried out by the registered manager to ensure this new staff member was competent and confident in carrying out their role.

Staff told us they worked closely with both the registered manager and assistant manager. They told us they were always able to access support or advice from these senior staff in order to deliver effective care. However, staff told us they did not receive regular formal supervision or annual appraisal. Records we looked at showed us one staff member who had worked at the service for over seven years had never received an annual appraisal; in addition they had not received formal supervision for over two years.

The lack of effective training, supervision and appraisal for staff was a breach of Regulation 23 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards

(DoLS) and to report on what we find. We therefore asked the assistant manager how they ensured people were not subject to unnecessary restrictions and, where such restrictions were necessary, what action they took to ensure people's rights were protected. The assistant manager demonstrated their knowledge about the process to follow should it be necessary to place any restrictions on a person who used the service in their best interests.

Staff demonstrated an awareness of the principles of the Mental Capacity Act 2005. They were able to tell us how they supported people to make their own choices and decisions. Care records we looked at included information about the ability of people who used the service to consent to the care they received.

People who used the service told us staff always asked them for consent before they provided any care or support. They told us they were able to make choices about how they spent their day and where they ate their meals. One person commented, "I usually go down for my meals but they will bring them upstairs if necessary."

People told us they enjoyed the food in the Franciscan Convent. One person commented, "The food is cooked freshly; the meals are very good." Another person told us, "The food is good. We never know what we are having but that doesn't bother me."

We observed interactions between staff and people who used the service over the lunchtime period. Several Sisters of the Franciscan Missionary were also present in the dining room. We found the atmosphere was calm and unhurried. All the food had been freshly prepared and people were offered a choice of main meal and dessert. People who used the service told us they had thoroughly enjoyed their food.

People who used the service told us they received the support they required to meet their health care needs. One relative told us, "The carers always get the doctor if [my family member] is unwell." Care plans included information about people's general physical health needs, including dental care and optical care. We saw that a record was maintained of all visits made by professionals and of any advice given. This should help ensure people received effective care.

Is the service caring?

Our findings

All the people we spoke with were highly complimentary about the staff at the Franciscan Convent. Comments people who used the service made to us included, “Staff are wonderful. They really try to make things easier for you” “Staff are all good and kind” and “Staff never lose patience although it must be tiring.” This positive view of staff was confirmed by relatives who told us, “The staff are excellent, kind and caring” and “[My relative] is given a lot of care and attention.”

During the inspection we observed positive and caring interactions between staff and people who used the service. Although the ethos of the service is Catholic, people who used the service who were not of this faith told us they were treated equally and with respect. One person commented, “It doesn’t make any difference that I’m not Catholic. I’m very pleased to be here.” Another person told us, “I’m Catholic but it doesn’t make any difference here; it doesn’t come into it.”

Staff we spoke with demonstrated a commitment to providing safe and effective care for people who used the service. They were able to tell us about people’s needs,

wishes and preferences and how they would provide person centred care. One member of staff told us, “I have sat and talked with people and their families to get to know what they like.” A person who used the service commented, “Everyone is different and staff know us all.”

None of the people we spoke with who used the service could recall being involved in their care plan or a review of the care they received. However, they told us they considered staff always listened to them and respected their views and preferences.

Staff told us how they always promoted the independence of people who used the service. Care plans we reviewed showed people’s strengths as well as their needs were clearly documented.

People we spoke with who used the service told us they valued their privacy and enjoyed spending much of their time in their own room. During the inspection we noted visitors were welcomed in to the service. People who used the service were able to meet with their visitors in their own room or in the communal areas if they preferred. We were told that staff supported people who used the service to use a computer to maintain relationships with their family members.

Is the service responsive?

Our findings

Care records we looked at showed people's needs were assessed before they were admitted to the Franciscan Convent. This should help ensure staff were able to provide people with the care they required.

People we spoke with told us they were very happy with the care provided in the Franciscan Convent. One person told us, "I don't think you could be anywhere better." A relative commented, "It's like a five star hotel. If I needed to go anywhere I would come here."

Care files we looked at provided evidence that care plans were holistic in nature and addressed all areas of the person's life, including care needs, social contacts and religious observance. We saw care plans had been reviewed each month and fully updated every three months. At the end of each three month period the managers for the service completed a summary of what each individual had achieved since the last full review; this provided evidence that staff were supporting people to remain as independent as possible and to achieve the goals that were important to them.

An audit completed by the registered manager indicated people who used the service were invited to comment on their care plan following each review.

We found the service had a complaints policy in procedure in place and that copies of this were available in individual bedrooms. All of the people we spoke with told us they would feel able to approach the registered manager with any concerns and were confident they would be listened to. Comments people made to us included, "If you have any worries you can go to [the registered manager]", "I would speak to [the registered manager] if I had any concerns. They would listen to me but I have nothing to complain about."

We noted there was no log of complaints maintained for the service. The assistant manager told us that because they and the registered manager always worked closely with people who used the service and their relatives, they were immediately able to address any issues which were brought to their attention. We were also told that, due to the small number of people who used the service, regular meetings were not held with them or their relatives as managers received feedback on a daily basis and took any

necessary action to improve the service. One person told us, "There are no resident meetings but it's a small home. They [staff] are in touch with us every day." None of the people we spoke with could identify any areas of the service which they considered required improvement.

Information provided by the registered manager following the inspection advised that the most senior sister in the Franciscan Convent provided an independent avenue for people who used the service to contact regarding any concerns they might have. We were told this sister would speak with people who used the service on a daily basis and would bring any problems or concerns raised with her to the attention of the managers in the service.

We asked about the activities which were provided in the service. The assistant manager told us that the Franciscan Convent was generally very quiet, although occasional activities were provided. They told us people would sometimes attend the daily mass which took place in the onsite chapel, with staff support where necessary, and following this would join the Sisters and any visitors for coffee. They told us the Sisters would also often spend time visiting people in their own rooms.

The assistant manager told us people considering admission to the service were told about the quiet and reflective nature of the service so that they were able to decide if this would meet their needs.

People we spoke with who used the service told us they did not generally wish to participate in organised activities and were happy to spend time in their own rooms reading, or watching television. One person commented, "I don't get lonely. I'm used to life on my own." Another person told us, "It suits me to be quiet." Relatives we spoke with also commented, "[My relative] loves the place; she hated the activities in other places she has been" and "[My relative] is a person who likes their own company. She is given a lot of care and attention. Care staff sit with her or pop in and out."

Relatives we spoke with told us they were always contacted about any changes to their family member's needs. One relative told us, "I am always kept informed about how she is doing." Another relative commented, "If I pass on to them [staff] that she needs anything they will always check up on her."

Is the service well-led?

Our findings

The service had a registered manager in place as required under the conditions of their registration with CQC. The registered manager was unavailable on the day of the inspection.

All the people we spoke with who used the service and their relatives spoke positively about the registered manager. Comments people made to us included, “I can have a laugh with [the registered manager]; it makes my day” and “The manager is excellent.”

Staff told us they enjoyed working at the Franciscan Convent and felt well supported by senior staff. One staff member who had worked in a number of other care services told us, “The managers are very approachable and made me feel welcome. I feel valued here for the first time.” Another staff member commented, “It’s a lovely place to work. We work well as a staff team. If I’m doing one job I know someone else is doing another.” However, we were told staff meetings had not been organised for some time. This meant there was a lack of opportunity for staff to discuss any issues in the service and to share ideas and good practice.

During our inspection we observed the atmosphere in the service was relaxed. We noted the assistant manager was visible throughout the day and provided direction and support for staff when necessary.

There were some quality assurance systems in place in the service, including health and safety audits which were completed every six months by an external contractor. A general risk assessment was also completed by the registered manager but this lacked detail; for instance the assessment identified additional risk assessments might be necessary to protect people who used the service, staff and visitors but the action documented as necessary was recorded as ‘coverage of any additional areas that might be identified’. This lack of detail meant people might not be adequately protected against risks in the service.

The assistant manager told us they and the registered manager regularly undertook checks on the environment, including individual room checks and those relating to the cleanliness of the service. We were told these checks were not recorded but following the inspection the registered manager sent us evidence of the most recent general

maintenance check which had taken place in November 2014 and the manager’s self-assessment audit which had completed in September 2014. However, we found these audits were not particularly detailed and did not include information relating to bedroom or mattress checks. Information in the audits also indicated that equipment used in the service was only being checked every six months by the external contractor. This meant people might be placed at risk due to unsafe or inappropriate equipment.

On the day of the inspection we noted the inappropriate storage of personal items of both staff and people who used the service in the main bathroom. The assistant manager was unaware of any infection control audits in place. Following the inspection the registered manager confirmed infection control audits were completed on a three monthly basis but acknowledged these had not been sufficiently robust to identify the cross infection issues we had identified during the inspection.

The lack of effective systems to identify, assess and manage the risks to the health, safety and welfare of people who use the service and others was a breach of Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010.

Information provided by the registered manager following the inspection indicated supervision sessions were relied upon as a mechanism to discuss staff training and development needs, the competence of staff to administer medicines and any performance management issues. However, information we gathered during the inspection highlighted the fact that supervision was not being conducted at the timescale of approximately every two months as indicated on the manager’s self-assessment tool. This lack of formal staff supervision combined with the lack of regular staff meetings meant there was a risk any areas relating to staff development or improvements in the service might not be identified.

Following the inspection we were sent a copy of the minutes from the most recent staff meeting but noted this had taken place in May 2014. Although we were told another meeting was planned for 21 January 2015, the lack of more regular staff meetings meant there was a risk staff would not have the opportunity to discuss any areas of concern or suggestions for improvements in the service with the registered manager.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA 2008 (Regulated Activities) Regulations
2010 Management of medicines

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place for the safe administration and recording of medicines.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 23 HSCA 2008 (Regulated Activities) Regulations
2010 Supporting staff

The provider did not have suitable arrangements in place to ensure that people employed for the purposes of carrying on the regulated activity are supported by receiving supervision and appraisal.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations
2010 Assessing and monitoring the quality of service provision

The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.