

# Sisters Hospitallers of the Sacred Heart of Jesus CIO

# Christ the King, Fotherley Hall

## 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** ●

# Summary of findings

## Overall summary

### About the service

Christ the King, Fotherley Hall is a residential care home providing accommodation for up to 50 people who require personal care. The service provides support to older people, people living with dementia and people who have a sensory impairment. At the time of our inspection there were 48 people using the service.

### People's experience of using this service and what we found

We were not assured that the provider was responding effectively to risks. Medicines were not always managed in a safe way. Systems and processes in place to safeguard people from the risk of abuse were not always effective. Lessons from incidents were not always discussed with the staff team.

People were at risk of receiving inconsistent care and support as not all staff had received the required training. People's needs were not always assessed effectively. The provider was not always working within the principles of the Mental Capacity Act (MCA) because not all care plans included mental capacity assessments where required. The MCA is designed to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment. The systems in place to assess and manage the quality and safety of the service were not always effective.

People had a variety of food and drink to meet their needs. The provider worked effectively with other agencies. The design, layout and furnishings in the home reflected people's individual needs.

People were treated well and respected as individuals. People felt listened to and valued by staff. People's dignity was respected in the way staff spoke to people and acted towards them. There were enough staff to support people safely. Staff were recruited safely.

People received individual, person-centred care. Care plans contained clear information about how best to support the people with their communication needs. People had opportunities to do things they enjoyed. People, and those important to them, could raise concerns and complaints. The provider supported people appropriately with end of life care and liaised with the GP when people's end of life needs changed. People achieved good outcomes from their care. Staff felt valued and supported by the management of the service. Relatives were involved in care planning and were regularly informed of how their relatives were getting on. The provider understood and met the duty of candour. Staff worked with external professionals which included GPs, advanced nurse practitioners, the falls team and district nurses.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

This service was registered with us on 02 February 2023 and this is the first inspection.

### Why we inspected

The inspection was prompted in part due to concerns received about people's care needs, assessing risk and staffing. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service was requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement

We have identified breaches in relation to the safe care people receive and the overall governance of the service.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Christ the King, Fotherley Hall

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team consisted of 2 inspectors, a senior performance coach who was observing the inspection process, 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 care service.

#### Service and service type

Christ the King, Fotherley Hall is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Christ the King, Fotherley Hall is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

During the inspection we spoke with 12 people who lived at the home and 5 of their relatives and friends. We spoke with 8 members of staff including the registered manager, the Head of Quality and Compliance, 2 senior care workers, 2 care workers, 1 receptionist and 1 maintenance worker.

We reviewed 6 people's care plans, medicines records, accident and incident records and safeguarding records. We also reviewed records relating to training, recruitment, quality assurance and feedback and complaints.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Assessing risk, safety monitoring and management

- Medicines were not always managed in a safe way.
- Fridge temperature and medicines trolley temperature monitoring and recording was inconsistent. This meant staff could not reliably assess whether medicines were safe for continued use.
- We found medicine stock counts were not always recorded accurately.
- Care plans did not always contain accurate information about people's medicines. For example, where people were prescribed as and when medication such as pain relief, inhalers and topical creams, some care plans lacked detail about how staff should support people.
- We were not always assured that the provider was responding effectively to risks.
- Care plans did not always contain accurate information about people's risks. For example, where risks were identified relating to catheter care, some care plans lacked detail about how staff should support people or how to monitor and respond to concerns.
- Some people were at risk of skin breakdown as they were not always frequently repositioned in line with their assessed need. Bowel charts were in place to monitor people who were at risk of constipation. However we found no action had been taken when 1 person had not opened their bowels for seven days despite the registered manager stating there was a 72 hour bowel management protocol in place. This meant people were at risk of harm.

Although there were systems in place to assess and monitor risk, people were at risk of harm due to the provider not acting on identified risks. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- Mattress audit checks identified hygiene concerns with 2 mattresses. The registered manager told us the mattresses had been changed however there was no record of them having been replaced. This meant people were at risk of infection.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider's infection prevention and control policy was up to date.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems and processes in place to safeguard people from the risk of abuse were not always effective. For example, where some people had been found with bruising, this was not investigated in a timely way.
- Although the provider had a safeguarding log in place, when safeguarding concerns were identified, these were not always referred to the local authority. Following our feedback, the registered manager put a plan in place to ensure safeguarding concerns were investigated effectively and referred to the local authority when required lessons from incidents were learned.
- The systems in place to learn lessons when things went wrong were not always effective. For example, lessons from incidents were not always discussed with the staff team.
- People felt safe. One person told us, "I feel safe because the staff will always come when I need them." Another person told us, "I really do feel safe because the staff are so good."

Staffing and recruitment

- There were enough staff to support people safely. The provider used a dependency tool to ensure there were enough staff to meet people's needs. A dependency tool helps the provider calculate the number of staff required based on the needs of people living in the home. The registered manager told us they had made changes to staff at mealtimes to ensure that people were supported to eat and drink safely.
- One person told us, "It's lovely living here. All the carers and workers are very nice and they'll help me with anything I need." One staff member told us, "Staff here care about people, are very compassionate and listen to people."
- Staff were subject to pre-employment checks such as reviewing their education and employment history, references from previous employers and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Visiting in care homes

There were no restrictions on visiting at the time of our inspection.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People were at risk of receiving inconsistent care and support as not all staff had received the required training.
- There was a system in place to monitor staff training however, we found some staff had not done their refresher training when required including safeguarding, preventing falls and supporting people to eat and drink safely. During the inspection, the management put a plan in place to ensure all staff received the required training.
- Staff received regular supervision. One staff member said, "I have supervision where we discuss people's changing needs, safeguarding, policies and procedures and any training we might need."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were not always assessed effectively.
- Some care plans did not always contain the most up to date information about people's needs. For example, people who had health conditions such as diabetes did not always have clear and effective plans in place however we found no evidence of this impacting on care.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the provider was not always working within the principles of the MCA. For example, where staff told us people had fluctuating capacity, care plans did not always include mental capacity assessments or

best interest decisions.

- The provider had submitted DoLS applications appropriately.

Supporting people to eat and drink enough to maintain a balanced diet

- People had a variety of food and drink to meet their needs.
- Nutritional care plans were in place and these identified requirements such as the need for a modified diet.
- Staff encouraged people to eat and drink healthy options and respected peoples' right to choose their own meals and snacks. One person told us, "I think the food is similar to what I would cook for myself and it very satisfactory." Another person told us, "The food is excellent and there is plenty of it."
- A member of kitchen staff told us, "We have a list of people's preferences which we review with them. If people decide they want something different on the day then we will make an alternative."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider worked effectively with other agencies. One professional said, "The service are proactive in letting us know about people who require our support and referrals are appropriate."
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.
- Where there was an increased risk in relation to falls or swallowing, the provider worked alongside relevant partner agencies and implemented recommendations.

Adapting service, design, decoration to meet people's needs

- The design, layout and furnishings in the home reflected people's individual needs. We saw people had photos of their loved ones and personal possessions were displayed in people's rooms. One person liked to have their sports memorabilia displayed.
- People made full use of the communal areas and we saw people were supported to use the large garden spaces.
- Maintenance work was taking place in the ground floor lounge at the time of our inspection however the service had made provisions to ensure people had full access to the lounge in the afternoon. The activities coordinator ensured people were able to take part in their usual activities in their rooms.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated well and respected as individuals.
- There was a happy and pleasant atmosphere in the service. We observed the caring and kind way people engaged and interacted with each other.
- We saw positive interactions between people and staff members. Staff spent time communicating with them and supporting them to engage. One relative told us, "It's good here because staff give my [Relative] choice and my [Relative] is able to do what they want to do. The Sisters add a positive contribution and sit and chat with my [Relative] which gives them comfort."
- Staff told us they cared about the people they supported and they treated people as unique individuals with different and diverse needs.
- The onsite chapel was used for services and people could visit the nearby cathedral. The registered manager told us, "We are an inclusive service and the people living here have differing views and beliefs which we respect."

Supporting people to express their views and be involved in making decisions about their care

- People felt listened to and valued by staff.
- We saw staff asking people how they liked to be supported and explained what they were doing when delivering care. One person told us, "Staff will listen if I need something. I can choose to have a bath or shower and whether I want to go into the lounge or stay in my room."

Respecting and promoting people's privacy, dignity and independence

- People's dignity was respected in the way staff spoke to people and acted towards them.
- We found information about people's modified diets displayed in a communal area. The registered manager responded to our feedback and put a plan in place to ensure people's personal information was stored securely.
- Care plans promoted dignity and were written in a respectful, person-centred way.
- Staff supported people safely to transfer and mobilise, and provided reassurance to people who required additional support at mealtimes.
- One relative told us, "I am a lot more relaxed, knowing my [Relative] is properly looked after."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received individual, person-centred care in line with their preferences.
- Care and support was personalised and responsive to people's individual needs and interests. It was delivered by staff who knew people well.
- Staff told us how they supported people in line with their specific needs and preferences.
- We saw staff offering people gluten free snacks in line with their care plan. One person told us, "Staff always remember I can only eat certain foods due to my health condition."
- People and relatives were involved in care planning and reviews. Relatives were kept up to date with how people were getting on. One relative told us, "Staff ring me if my [Relative] has any problems, and they call the doctor if they are unwell."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans contained clear information about how best to support the people with their communication needs.
- We saw staff using effective communication including appropriate facial expressions and speaking in clear sentences when required.
- One staff member told us, "I know when to speak calmly and have good eye contact when somebody is feeling anxious."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had opportunities to do things they enjoyed.
- The service had activities coordinators who developed activity plans for people.
- We saw people taking part in meaningful and individualised activities including poetry, reading and bingo. One person told us, "I love poetry."

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints.
- One person told us, "The manager always asks me if I've got any problems and says I can speak to them anytime if I want to."
- One relative told us, "When my [Relative] thought about moving rooms, they were shown 3 different rooms, but in the end they chose to stay put as it is carpeted and the other rooms had hard floors."
- There was a complaints policy available to people.

#### End of life care and support

- The provider supported people appropriately with end of life care and liaised with the GP when people's end of life needs changed.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The systems in place to assess and manage the quality and safety of the service were not always effective.
- Audits of care plans and risk assessments did not always identify when people's needs and risks required updating.
- Analysis of accidents and incidents did not always identify learning or when a safeguarding referral was needed.
- Refresher training had not always been done when required. Although refresher training had been identified by management, this was not always followed up with staff. This meant training audits were not effective.
- Infection prevention and control audits were not always effective. Two mattresses were identified as requiring cleaning or replacing however there was no record of follow up actions having been done. This meant the provider could not be assured audits were effective.
- Medicines audits were ineffective. For example, when audits identified gaps in recording fridge temperatures there was no follow up action to prevent recurrences. Audits did not always identify inaccuracies with stock counts.
- Although there was a system to monitor call bell responses, the system gave inaccurate recordings, and the registered manager did not check call bell response times. The registered manager responded to our feedback and put a plan in place to ensure call bells were monitored effectively.

Although we found no evidence of harm, systems were not effective to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People achieved good outcomes from their care. One relative told us, "My [Relative] wasn't taking their medication properly before they came to live here so they kept becoming unwell. Their health is much better now as staff support them to take their medication when they need it."
- The registered manager showed us examples of feedback received from relatives about the quality of care. One staff member told us, "I would be happy for a relative of mine to live here as people receive good quality care."

- Staff felt valued and supported by the management of the service. One staff member told us, "I can approach the manager and can tell them anything. They listen and act on concerns I might have."
- Staff meetings were held regularly. Meetings provided opportunities for staff to feedback their views and suggestions.
- Relatives were involved in care planning and were regularly informed of how their relatives were getting on. One relative told us, "Staff let me know when a medication had been missed for a couple of days and staff had informed the GP. When there was an issue with funding my relative's care, the management were caring and ethical."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood and met the duty of candour.
- The registered manager offered an example of how they responded to a complaint made by a relative. This was investigated appropriately.

Working in partnership with others

- Staff worked with external professionals which included GPs, advanced nurse practitioners, the falls team and district nurses. This meant people received appropriate health care when needed.
- The registered manager showed us positive feedback received from the GP about how effective staff were on ward rounds.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>We were not always assured that the provider was responding effectively to risks and systems in place to identify when things go wrong were not always effective.</p> <p>Medicines were not always stored and recorded in a safe way.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The systems in place to assess and manage the quality and safety of the service were not always effective</p>