

The Missionary Franciscan Sisters (Order of St Francis)

Franciscan Convent Residential Home - Braintree

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 9 February 2018 and was unannounced.

The Franciscan Convent, Residential Home in Braintree is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Franciscan Convent Residential Home -Braintree is run by nuns from a Catholic religious order and is part of a larger convent with its own church. The service provides accommodation for up to 12 older people. At the time of our inspection ten people were living there and all the rooms were being used as single occupancy. The service operates over two floors with the communal areas on the ground floor and the bedrooms on the first floor, which are accessed via a lift.

At our last inspection in November 2015 we rated the Franciscan Convent Residential Home -Braintree good overall, but identified a shortfall with the recruitment of staff in that a newly appointed member of staff did not have all the required safety checks in place. At this inspection we found that the recruitment processes had been strengthened and the service remained good.

There was a registered manager in post who has managed the service for a number of years. 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.

Procedures were in place to safeguard people who used the service from the potential risk of abuse. Staff understood the different types of abuse and knew how to report whistleblowing and safeguarding concerns.

The service benefited from being a small service with a stable staff team who knew the people living in the service well. There were sufficient numbers of staff available to meet people's individual needs.

Risks to people's health and wellbeing were identified and steps taken to minimise the likelihood of injury. Accidents were logged and used to identify learning. The building was well maintained and equipment checked to ensure that it was working effectively. The service was clean and staff were clear about their responsibilities to reduce the likelihood of infection by using personal protective equipment.

Medicines were safely stored and administered as prescribed. Regular checks were undertaken on the management of medicines to ensure that they were being managed safely.

Staff we spoke with had an understanding of the principles of the Mental Capacity Act (MCA 2005). Capacity to make specific decisions was recorded in people's care plans. People had maximum choice and control of

their lives and staff supported them in the least restrictive way possible. The registered manager confirmed that they had submitted relevant deprivation of liberty applications to the local authority.

There was an induction and training programme, which supported staff to develop their knowledge and skills. Staff received supervision and appraisals to enable them to provide appropriate care to people.

People enjoyed the food and had choice of what they wanted to eat. Their nutritional and hydration needs were monitored and they were provided with drinks and snacks throughout the day. People received appropriate healthcare support as and when needed from a number of professional services. The service worked together with other organisations to ensure people received coordinated care and support.

People were treated with care, kindness, dignity and respect. Staff had good relationships with those living in the service and their relatives. People were encouraged to be as independent as they could be.

Care plans were in place to guide staff and these were regularly reviewed and updated. People's needs were monitored and there were daily handovers to ensure that staff had the information they needed to support people appropriately. People were encouraged to maintain interests and relationships with those important to them.

There were systems in place to deal with complaints although none had been made since our last inspection. People were involved in resident meetings where their views and opinions were asked for and their responses were recorded.

People living in the service and staff spoke highly of the management of the service. They described them as approachable and supportive. There was a positive culture within the service that was person-centred and inclusive. Suitable arrangements were in place to assess and monitor the quality of the service provided.

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

Risks were identified and there were systems in place to reduce the likelihood of harm.

Staff received training in infection control and put into practice what they had learnt.

Trained staff administered medicines. Checks were undertaken to identify any shortfalls and drive improvement.

There were sufficient staff available to meet people's needs and meet their care preferences. There were systems in place to check on staff suitability prior to appointment.

Staff were aware of the signs of abuse and the actions they should take if they had any safeguarding concerns.

Lessons were learnt and improvements made when things went wrong

Is the service effective?

Good ●

The service remains 'Good'.

Is the service caring?

Good ●

The service remains 'Good'.

Is the service responsive?

Good ●

The service remains 'Good'.

Is the service well-led?

Good ●

The service remains 'Good'.

Franciscan Convent Residential Home - Braintree

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 9 February 2018 and was unannounced.

The inspection team consisted of one inspector. Prior to the inspection we reviewed the information we held about the service which included notifications. Notifications are information about important events, which the provider is required to send us by law. Before the inspection, 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. This information helped us to plan what areas to focus our attention on for the inspection.

We spoke with five people who used the service and observed the care provided by staff to help us understand the experiences of people. We interviewed five members of care staff and the registered manager. We reviewed two care plans, medication systems and accident records. We also looked at quality monitoring records and records relating to the maintenance of the service and equipment.

Is the service safe?

Our findings

At the last comprehensive inspection in November 2015 we found that recruitment processes were not sufficiently robust. One person had started work at the service before all the checks had been completed which placed people at risk of unsafe care. At this inspection we found the processes to check the suitability of staff had been strengthened and all checks were in place prior to staff commencing employment. The pre-employment checks included identify checks, referencing and Disclosure and Barring disclosures to identify any criminal convictions.

People told us that they felt safe and there were sufficient members of staff to meet their needs. One person told us, "This is a lovely place to come to live if you can't manage on your own." Another person told us, "If you ring the bell, several people come." There was a senior and two care staff available to support the ten people living in the service. Ancillary staff such as the cook, maintenance and housekeeping were also rostered on duty. The registered manager and deputy worked on a supernumerary basis but supported when needed. Staff told us that the staffing levels enabled them to provide person centred care and spend meaningful time with people. We observed that staff were available and accessible to people using the service.

Staff received training in safeguarding people from the risk of abuse. Staff were clear about whistleblowing procedures and the actions they would take if they suspected or witnessed abuse.

People staff and visitors to the service continued to be kept as safe from harm as possible. Staff completed training on how to keep people safe which addressed areas such as fire and health and safety. Maintenance and safety checks on areas such as fire safety, legionella, hoists and gas safety were completed at regular intervals to make sure that the equipment was working effectively. People had individual risk assessments which formed part of their care plan which addressed areas such as skin damage and mobility. A range of specialist equipment was in place such as pressure relieving mattresses to minimise the risk of skin damage and sensor mats to reduce the likelihood of falls. One person had a portable heater in their room and it was agreed that the risk assessment would be extended to cover any risks associated with falling. This was immediately actioned by the registered manager.

We observed staff giving people their medication. Staff ensured people had a drink and gave people the time they needed to take their medication. Dates of opening were recorded and medicines were appropriately stored. We checked the stocks of controlled and prescribed medicines and found them to be accurate. However, there were some omissions in the records but these had already been identified by the registered manager as part of the auditing processes and they had started to address this. Staff competency to administer medicines safely was checked twice yearly.

People were protected by the prevention and control of infection. The service was clean and well maintained. Staff had completed training in infection control and were clear about their responsibilities. Signage was in place to remind staff and we observed that personal protective equipment was appropriately used. Infection control processes were reviewed as part of the health and safety audit systems

but it was agreed that they would benefit from a more specific audit which the registered manager immediately actioned.

The registered provider operated an open culture and staff were encouraged to report concerns and safety incidents. Accidents and incidents were logged and reviewed to identify learning. One person told us that they had caught their foot on the door threshold as they were walking between rooms and tripped. They told us that the service had immediately responded by removing the door thresholds.

Is the service effective?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged the rating remains 'good'.

People's care and support were delivered in line with current standards and guidance. The registered manager told us how they kept up to date with evidence based guidance by attending provider groups and using resources such as those from skills for care. The deputy manager had recently completed additional management qualifications.

People received care from trained and competent staff. The majority of staff worked at the service for a significant period and received regular refresher training to ensure that their knowledge was up to date. This training included a range of areas such as medicine management, dementia and first aid. The registered manager told us that staff were due to undertake further training on dementia care.

A small number of new staff had been appointed since the last inspection. We saw that the new staff undertook an induction program which covered core skills such as moving and handling, infection control and food safety. They worked alongside more experienced members of staff for a number of shifts to help them gain confidence before working independently. New staff also completed the care certificate which is a national initiative to develop the abilities of staff and demonstrate they have key skills, knowledge and behaviours. Staff told us that they were well supported and we saw that regular supervision sessions were undertaken to reflect on practice.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible.

The care staff demonstrated a good understanding of the Mental Capacity Act (MCA) 2005. They told us that they had received training and were clear about best interest decisions. We observed throughout the day that people's consent was requested before any care and treatment was provided. There was documentation in place to evidence best interest decisions such as the delivery of personal care and medicines. The registered manager told us that they had made applications under the Deprivation of Liberty Safeguards (DoLS) as required to the local authority on behalf of people. These are required where people's freedom of movement is restricted, to ensure their best interests are assessed by those qualified to do so.

People were supported to maintain a balanced diet. People spoke positively about the food and the meal served looked appetising and well presented. We observed that people were offered choice and enjoyed their meal. Staff sat alongside people and ate with them. The cook was visible and chatted to people after the meal about the food. Drinks were available within people's reach and we observed staff assisting people to drink throughout the day.

We saw that people's nutritional needs were assessed and their weight monitored. Referrals were made to health professionals such as the speech and language team to look at swallowing when an issue was identified. Where advice was given, we saw that it was documented and handed over as part of the daily handovers. Records were maintained of contacts with the relevant health professionals and we saw that people had access to opticians and chiropodists.

People's care was coordinated when they moved between services. For example where people were admitted to hospital clear information was sent with them to ensure that the hospital staff were aware of their needs, allergies and care preferences.

The service was registered for 12 people but there were only 10 people living in the service as all the rooms were being used for single use. The building was well maintained and people had access to the church as well as gardens. People told us that they were able to spend their time where they wished and we observed people accessing different parts of the service.

Is the service caring?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged the rating remains 'good'.

People told us that they were treated with kindness and compassion. A number told us that they had chosen to come to live at the service and had been on the waiting list for some time. One person told us, "I consider myself lucky to be here." Another person told us, "It is very good here; the girls are friendly and will do anything for you."

Staff continued to develop strong relationships with people and their families and friends. This was made easier because it was a small care home with a consistent team of staff who had worked at the service for many years. Staff knew people well and understood how best to communicate with people and what was important to them. This was supplemented by people's care plans and documents such as, "This is me" which provided information about people's life and their care preferences. There was a key worker system in operation and we saw that as part of a recent admission to the service the registered manager had written to the individual to welcome them and provided them with the name of their keyworker. We observed that people were addressed by their preferred names and staff interacted with people in a kind and caring way, taking the time to listen closely to what people were saying to them.

People were involved in decisions about their care as far as possible. One person told us, that they liked their own privacy and to spend time in their room and the staff respected this. Another person told us that they had control over their life, "It depends on what we want to do, we don't have to do anything, it is suggested but if we don't want to do it we don't. It couldn't be better."

People and their relatives were given the opportunity to provide feedback about the service through regular resident meetings and through the completion of annual questionnaires.

People told us that their personal care and support was provided in a way which maintained their privacy and dignity. They told us that the care and support was provided in the least intrusive way and that they were treated with dignity and respect. One person told us how they liked the fact that the same member of staff was available to help them with bathing which they appreciated. People were supported to be as independent as possible. One person told us how staff were well organised and placed all the equipment they needed within reach in the morning. This enabled them to wash and get themselves ready independently. Staff encouraged people to do as much as they could for themselves according to their individual abilities and strengths. They were able to give us examples of how they supported people without taking over, such as placing an individual's frame at the top and bottom of the steps enabling the individual to use the stairs but giving them the support they needed.

Is the service responsive?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged the rating remains 'good'.

The service remained responsive and met people's changing needs. People continued to speak positively about the support they received from staff and told us that staff listened to them and provided the care they needed.

Care plans included information about people's personal history and needs. People's preferences were also included such as, what people liked to eat, when they liked to go to bed and whether they wanted to be checked at night. Information was included on sensory loss and on any aids or adaptations needed for communication. Information available showed that people's care plans were reviewed and updated to reflect where people's needs had changed. One person for example, had recently seen the speech and language therapist and this information had been documented on their care plan. One of the people we spoke with at the inspection told us that they had recently been asked by staff to go through their care plan and make sure that the information included was still relevant and up to date.

People's needs were subject to ongoing monitoring and records were maintained to enable staff to identify any changes in people's wellbeing. For example fluid outputs, bowel movements and blood sugars were recorded which enabled any variations to be identified. Staff spoken with knew people well and were clear about the actions they would take but we recommended that they were provided with further guidance, which was immediately actioned by the registered manager. Where people's needs had changed staff responded and where necessary sought medical advice. Daily handovers were held to ensure that staff had the information they needed to support people appropriately.

People were supported to maintain relationships and keep in contact with people who were important to them. People told us that the friends and family were welcomed and confirmed that they could spend their time as they wished and wanted. Suitable arrangements were in place to ensure that people using the service had the opportunity to take part in religious, leisure and social activities of their choice and interest. Some people were supported to attend church each day but there was no compulsion to do so. People told us that they had access to a variety of in house activities such as quiz's and bingo. The service had links with a local school and the young people regularly visited and supported events.

The service had a complaints procedure in place for people to use if they had a concern or were not happy with the service. No complaints had been raised since our last inspection to the service. People told us they would speak to either a family member or staff if they had any worries or concerns.

At the time of our inspection no one living at the service was receiving end of life care, however the registered manager assured us that people would be supported to receive good end of life care so as to ensure a comfortable, dignified and pain-free death. People had started to complete the preferred priorities of care setting out their wishes for their final days and some of these were more detailed than others. It was

positive to see one person had been enabled to write their own document .One member of staff told us about a person who had recently died and described how they had worked with local health professionals and arranged for family members to stay at the service so that they were close by in the person's final days. The residents meeting reflected on the funeral service, the loss to their community and 'a life well lived.'

Is the service well-led?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged the rating remains 'good'.

People told us that the service was well managed and they were happy. Staff were motivated and told us that relationships within the service were good. A member of staff told us, "It's a lovely little home, very person centred which is why most staff stay here." They were complimentary about the registered manager and told us that they were supported and valued. A member of staff told us, "The manager is a team player; they wouldn't ask anyone to do anything that they would not do themselves." The registered manager and deputy manager worked on a supernumerary basis and provided support and management cover outside office hours. Staff told us that this worked effectively and management were available when they needed them.

Staff spoke with were clear about the vision and ethos of the service which focused on providing person centred care and supporting people in a compassionate and dignified way. One member of staff told us, "It is so important to make people feel at home, it is so hard giving up your home, it why we must take extra care."

People using the service were engaged and involved in the development of the service. People were part of interview panels for new staff and were enabled to have a say on who was appointed. Resident meetings were held on a monthly basis to keep people updated on any changes such as staff appointments and any forthcoming social events. There was an agenda to which items could be added and one resident prepared a report for the meeting. They told us that people were listened to and the management of the service were open to new ideas.

People their relatives and staff regularly completed satisfaction surveys. The results of these told us that people using the service and relatives were happy and satisfied with the overall quality of the service provided. When asked if they would recommend the service to others, staff told us that they would not hesitate.

The service worked in partnership with other agencies as required. For example with the GP practice and the local hospital.

There were clear systems in place to oversee quality. The registered manager told us that information was collected and recorded in a variety of ways to regularly assess and monitor the quality of the service provided. This included the completion of audits at regular intervals, on areas such as medication and health and safety to help identify and manage risks to the quality of the service and to drive improvement. The service had a number of spread sheets including a training matrix and supervision matrix which provided oversight and identified what had been completed and what was due when. The registered manager told us that they were constantly reviewing the service and looking at improvements, the most recent of which was increasing the levels of staffing at night. They told us that they were well supported by

the registered provider.

The service was run by nuns from a Catholic religious order and the homes trustees met twice yearly to review the service that was provided and plan for the future. The registered manager told us that they prepared reports for these meetings. In addition an independent person visited the service on behalf of the provider on a monthly basis and completed quality monitoring reports. We saw that this individual spoke with residents as well as observing care delivery.