

## Franciscan Missionaries of St Joseph

# Franciscan Convent Burnley

### 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

We carried out an unannounced inspection of the Franciscan Convent Burnley on 20 and 23 April 2018. The Franciscan Convent Burnley provides care for Sisters of the congregation of Franciscan Missionaries. The service is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and we looked at both during this inspection. The service is registered to provide accommodation and personal care for up to 25 people. At the time of our inspection seven people were living at the service.

At the last inspection on 22 and 23 May 2017, we found breaches of three of the regulations. These related to a failure to complete necessary checks when recruiting staff, a failure to comply with the Mental Capacity Act 2005 and a failure to apply for authorisation to deprive a person of their liberty. We also made recommendations about ensuring that safety checks were completed in a timely way and the need for the provider to monitor the quality of the service. Following the inspection we asked the provider to send us an action plan to show what they would do and by when, to make the necessary improvements. An action plan was provided as requested. During this inspection we found that the necessary improvements had been made and the provider was complying with all regulations reviewed.

Records showed that staff had been recruited safely and the staff we spoke with were aware of how to safeguard adults at risk. People told us there were always enough staff available to meet their needs.

People told us the staff who supported them were kind and caring. They told us staff provided them with support when they needed it. People told us staff respected their right to privacy and dignity and encouraged them to be as independent as they could be. We saw evidence of this during the inspection.

Staff received an effective induction and appropriate training. People who lived at the service felt that staff had the knowledge and skills to meet their needs.

People received appropriate support with eating and drinking and their healthcare needs were met. Appropriate referrals were made to community healthcare professionals, to ensure that people's needs were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way; the policies and systems at the service supported this practice. Where people lacked the capacity to make decisions about their care, the service had taken appropriate action in line with the Mental Capacity Act 2005.

People told us that they received care that reflected their individual needs and preferences and we found evidence of this. Staff told us they knew people well and gave examples of people's routines and how people liked to be supported.

People who lived at the service spent much of their time in the chapel attending mass and prayers. They were happy to spend the remainder of their time reading, watching television and going out for walks.

Staff communicated effectively with people. They supported people sensitively and did not rush them when providing care. People's communication needs were identified and appropriate support was provided.

People living at the service told us staff regularly asked them if they were happy with the support they received. They felt able to raise any concerns or make suggestions for improvement.

The service had a registered manager in post. People living at the service and staff were happy with how the service was being managed. They found the registered manager approachable and supportive.

A variety of audits of quality and safety were completed by the registered manager regularly. We found the audits completed were effective in ensuring that appropriate levels of quality and safety were maintained at the service.

## 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.

The manager followed safe recruitment practices when employing new staff, to ensure that they were suitable to support people who lived at the home.

There were appropriate policies and practices in place for the safe administration of medicines. People received their medicines when they should.

People who lived at the service were happy with staffing levels. Staff felt that staffing levels were appropriate to meet people's needs.

Regular checks of equipment and the home environment were carried out to ensure that people were kept safe.

### Is the service effective?

Good ●

The service was effective.

Capacity assessments had been completed where people lacked the capacity to make decisions about their care. Applications had been submitted to the local authority where people needed to be deprived of their liberty to keep them safe.

Staff received an appropriate induction, effective training and regular supervision which enabled them to meet people's needs. People felt that staff were competent and had the knowledge and skills to support them well.

People were supported appropriately with their healthcare, nutrition and hydration needs. People were referred appropriately to community healthcare professionals.

### Is the service caring?

Good ●

The service was caring.

People liked the staff who supported them and told us staff were caring. We observed staff treating people with kindness and

patience.

People told us staff respected their right to privacy and dignity and we saw examples of this during our inspection.

People told us they were encouraged to be independent. Staff told us they encouraged people to do what they could for themselves when it was safe for them to do so.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received care that reflected their needs and preferences. Support was provided by staff who knew people well.

People were encouraged to make everyday choices and decisions, including how they spent their time.

People's needs and risks were reviewed regularly and care records were updated to reflect any changes. This meant that staff had up to date information to enable them to meet people's needs effectively.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The service had a registered manager in post who was responsible for the day to day running of the home. People who lived at the home and staff felt the home was well managed.

Regular staff meetings took place and staff felt able to raise any concerns with the manager.

The registered manager and the provider's representative regularly audited and reviewed many aspects of the service. The audits completed were effective in ensuring that appropriate levels of care and safety were maintained at the home.

# Franciscan Convent Burnley

## **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 checked whether the provider was 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 was a comprehensive inspection.

This inspection took place on 20 and 23 April 2018 and was unannounced. The inspection was carried out by an adult social care inspector.

Before the inspection we reviewed the information we held about the service, including previous inspection reports and notifications we had received from the service. A notification is information about important events which the service is required to send us by law. We contacted four community health and social care professionals who were involved with the service for their comments, including community nurses and a GP. We also contacted Lancashire County Council contracts team and Healthwatch Lancashire for feedback about the service.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with two people who lived at the service, two care staff and the registered manager. We reviewed the care records of two people who lived at the service. In addition, we looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records, audits of quality and safety, fire safety and environmental health records.

# Is the service safe?

## Our findings

At our last inspection in May 2017, we found that appropriate checks had not been completed when a new staff member had been recruited. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found that improvements had been made. One member of staff had been recruited since the last inspection and all necessary checks had been completed. This helped to ensure that staff were suitable to support people who lived at the service.

People we spoke with told us they received safe care. Comments included, "I need help to move around and have a bath. I always feel safe when staff are helping me. Absolutely" and "I don't need much support from staff but when I've been ill in the past and felt weak, I always felt safe when they supported me".

We looked at whether people's medicines were being managed safely. A medicines policy was available which included information about administration, 'as required' (PRN) medicines, storage, disposal, refusals and errors. All staff had completed training in medicines management and their competence to administer medicines safely had been assessed. Staff understood how to administer medicines safely and confirmed that their competence to administer medicines safely was checked regularly.

We reviewed the recent Medication Administration Records (MARs) for two people and found that staff had signed to demonstrate when people had received their medicines or had documented why medicines had not been administered. Records showed that medicines audits were completed monthly and action was taken when shortfalls were identified, for example when staff had not signed to demonstrate that medicines had been administered.

The staff we spoke with understood how to protect adults at risk from abuse. A safeguarding policy was available and records showed that all care staff had completed training in safeguarding. No safeguarding alerts had been raised about the service or by the service in the previous 12 months. The registered manager told us that if any safeguarding alerts were received or raised, they would be addressed appropriately and any lessons learned would be shared with staff.

The service had a whistle blowing (reporting poor practice) policy which the staff we spoke with were aware of. They told us they would use it if they had concerns, for example about the conduct of another member of staff.

People's care records and staff members' personal information were stored securely in the office and were only accessible to authorised staff.

Risk assessments were in place for each person living at the service, including those relating to falls, moving, skin condition, nutrition and hydration and visiting the community. They provided information for staff about the nature and level of each risk and how best to support the person to reduce the risk. Records showed that risk assessments were reviewed regularly.

We looked at staffing arrangements at the service. The people we spoke with told us there were enough staff to meet their needs. Comments included, "There are always plenty of staff" and "There are always staff around".

A record was kept of accidents and incidents that had taken place, including falls. Records showed that staff had taken appropriate action, such as seeking medical attention. Falls were reviewed quarterly to identify any trends and to ensure that appropriate action had been taken. We saw evidence that lessons learned from accidents had been shared with staff. This helped to ensure that the risk of accidents was reduced.

We looked at how the service protected people from the risks associated with poor infection control. Daily and weekly cleaning schedules were in place and records showed that most staff had completed infection control training. We observed cleaning being carried out during the inspection and found the standard of hygiene at the service was high. People living at the service told us it was always clean. The service had been given a Food Hygiene Rating Score of 5 (Very good) in January 2017. People told us staff supported them regularly with personal hygiene. One person commented, "I have a bath every three days. I can have one more often if I want to, whenever I want really".

At the last inspection in May 2017, we made a recommendation about the need for the provider to ensure that safety checks of the environment were carried out in a timely way. During this inspection we found that improvements had been made. Records showed that equipment at the home was inspected regularly to ensure it was safe for people to use. Checks on the safety of the home environment had been completed, including fire, gas and electrical safety checks. This helped to ensure that people were living in a safe environment. Information was available in people's care files about the support they would need from staff if they needed to be evacuated from the home in an emergency.



## Is the service effective?

### Our findings

At our last inspection in May 2017, we found that the provider had failed to act in accordance with the Mental Capacity Act 2005 (MCA). 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 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 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. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards.

At that inspection we found that people's capacity to make decisions about their care and treatment had not been assessed in line with the MCA. During this inspection we found that capacity assessments had been completed when appropriate and people's care documentation included information about their capacity to make decisions about their care.

At the last inspection we also found that applications had not been submitted to the local authority when people needed to be deprived of their liberty to keep them safe. At this inspection we found that improvements had been made and appropriate applications had been submitted. This meant that people were not being unlawfully deprived of their liberty. Records showed that all care staff had completed MCA training. The staff we spoke with understood the importance of gaining people's consent and providing additional information when people needed it, to help them make decisions.

During our inspection we observed staff asking people for their consent when providing support, for example when administering medicines or supporting people with moving around the home. Where people were able to, they had signed their care documentation, demonstrating their consent to their care plan, medicines administration by staff and having their photograph taken.

People were happy with the care they received and felt staff had the knowledge and skills to meet their needs. One person commented, "The staff are very good. The care is top notch". Another told us, "The staff are all very good. They all know what they're doing".

Records showed that staff completed a thorough induction when they joined the service and their training was updated regularly. They received a staff handbook, which included information about their duties, confidentiality and the service's equality policy. Staff felt well trained and told us they could request further training if they felt they needed it. One staff member commented, "We do some online training but most of it is face to face. It's good. If we need any other training we can ask for it". Staff told us they received regular supervision. We reviewed some staff supervision records and noted that the issues addressed included performance, training and development. We found evidence that staff received positive feedback about their practice and any areas for improvement were addressed. Staff were able to raise concerns and make suggestions. We noted that some group supervisions had also taken place, including those relating to safeguarding, record keeping and infection control. This helped to ensure that staff remained up to date

with best practice.

An assessment of people's needs had been completed before the service began supporting them. Assessment documents included information about people's needs, risks and preferences. This helped to ensure that the service was able to meet people's needs.

Care plans and risk assessments included information about people's nutrition and hydration needs, preferences and intolerances. Where there were concerns about people's diet or nutrition, monitoring was in place and appropriate referrals had been made to community healthcare professionals. The staff we spoke with was aware of people's dietary requirements and a list of these was kept in the kitchen for staff preparing food to refer to. People were happy with the meals and support provided. One person told us, "The meals are good. There's always a choice".

Each person's care file contained information about their medical history, allergies and any prescribed medicines. People had been referred to and seen by a variety of healthcare professionals, including GPs and community nurses. People told us they received medical attention when they needed it. Staff told us that when people were taken to hospital, important information such as their Medication Administration Record (MAR) was sent with them. This helped to ensure that people received effective care and treatment and that relevant information was shared when people moved between different services.

The community health professionals we contacted provided positive feedback about the care provided at the service. One professional told us, "They follow all advice given and implement care to ensure that the best care is provided to the people in their care. The care home is peaceful and calm. When visiting the care home I always observe high levels of care being carried out". Another commented, "We find the care given at the Convent to be extremely good. They know their residents very well and they are well cared for. [Registered manager] is very organised and care is well planned and effective. Staff retention appears to be very good in that they tend to keep their staff which again helps with the care given to the residents".

We found aids and adaptations available to meet people's needs and enable them to remain as independent as possible. Bathrooms had been adapted to accommodate people who required support from staff and there was a passenger lift and hoists available.

## Is the service caring?

### Our findings

People told us they liked the staff who supported them and that staff were kind and caring. Comments included, "I like all of the staff, they're all very good and very kind. [Staff member] and [Registered manager] are lovely" and "The staff are all very nice, they're polite and very caring".

Staff told us they knew the people well that they supported, in terms of their needs, risks and their preferences. They gave examples of people's routines and how people liked to be supported, such as whether they liked a bath or shower and what they liked to eat and drink. Staff felt they had enough time to meet people's individual needs in a caring way.

We saw evidence that people were encouraged to be as independent as possible. One person living at the service told us, "I'm very independent, I don't need a lot of support from staff. They leave me to manage myself". Another person told us, "I need a lot of support but they let me do what I can do myself".

People told us staff respected their right to privacy and dignity. One person commented, "The staff are very respectful". Another commented, "Staff knock before entering and I have private time in my room in the afternoon, I like to have a lie down". One staff member told us, "We knock on people's doors if they're shut. It's important to give people privacy. The Sisters spend time praying and it's important not to interrupt them".

People's right to confidentiality was protected. There was a confidentiality policy in place which documented staff responsibilities, and the importance of confidentiality was included in the employee handbook and the staff contract of employment. We observed staff speaking to people discreetly when supporting them and saw that they did not discuss personal information in front of other people living at the home or visitors.

The residents guide issued to people when they came to live at the service provided a variety of information, including the services available, fire safety and how to make a complaint. The registered manager told us the guide could be provided in large print and braille if this was needed.

We found that people's relationships were respected and people told us there were no restrictions on visiting. We noted the residents guide stated that people's family and friends were encouraged to visit regularly and to maintain contact by letter or telephone when visiting was not possible. It stated that staff would assist where help was needed. One person commented, "Staff helped me with a mobile phone so I can stay in touch with [relative]" and "My family visited from Ireland recently and Sisters visit us from Manchester". The registered manager told us that staff assisted one person regularly to write to family members and this was reflected in their care plan.

People told us their care needs had been discussed with them and they were involved in decisions about their care. We noted that where they were able to, people had signed their care plans to demonstrate their involvement. One person told us, "They talk to me about what I need". Communication between staff and

people who lived at the home was good. We observed staff supporting people sensitively and patiently and repeating information when necessary, to ensure that people understood them. This helped to ensure that communication was effective and that staff were able to meet people's needs.

## Is the service responsive?

### Our findings

People told us they received care that reflected their individual needs and preferences and they were given lots of choice by staff. Comments included, "I have been here a long time and most of the staff have been here a long time so they know me well. They know what I like" and "I choose how I spend my time, such as whether I go out and what time I get up and go to bed".

Staff told us they offered people as much choice as possible. One staff member commented, "We encourage people to make choices, such as their meals, their clothes and what they do with their day". Another staff member told us, "People choose what they have to eat, what they wear, whether they go out, attend chapel or spend time in their room".

The Sisters we spoke with told us they spent much of their day in the chapel at the service, attending mass and prayers. They told us they also read, listened to the radio, watched television and went out for walks or to the local shops. They were happy with how they spent their time and with the activities available to them.

We reviewed two people's care files. We found they included detailed information about people's risks, needs and how they should be met, as well as their likes and dislikes. Each care file was personalised and contained information about what people were able to do for themselves, what support was needed and how this should be provided by staff to reflect people's preferences. Care documentation was reviewed regularly and updated when people's risks or needs changed.

People told us staff supported them when they needed them to. One person commented, "I never have to wait. Staff always come quickly when I need them".

We looked at whether the provider was following the Accessible information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need.

We found that although not all aspects of the Standard were being met, people's communication needs had been assessed and people were receiving appropriate support. For example, one person with a sensory impairment had regular access to audio books and newspapers and received support from staff with letter writing. The registered manager told us she was not aware of the standard. She told us she would implement the standard following our inspection.

We looked at how technology was used to support people living at the service and staff. A number of computers with internet access were available for people to use and we observed a person using one during the inspection. This meant that people had access to information they wanted or needed. Some of the staff training was provided via E-learning. In addition, staff had access to a digital telemedicine service provided by Airedale NHS Foundation Trust. The service enables communication between the Trust's clinical staff and staff at the service via a secure video link and helps to avoid 999 calls and people being admitted to

hospital. Pressure relieving equipment was also used to support people at risk of skin damage.

We looked at how the service supported people at the end of their life. No-one was receiving end of life care at the time of our inspection. However, the registered manager told us that the service had supported many people at the end of their life. There was a comprehensive end of life policy in place and most staff had completed end of life training. Training had been arranged for the remaining staff. This helped to ensure that people experienced a pain free, dignified death which reflected their wishes. One staff member told us, "Most of us have completed the six week end of life care course through the local hospice. It was very good. People get good end of life care here". Another staff member commented, "The end of life care we provide is good. No one is left alone. The rota is arranged so there is always someone with them".

A complaints policy was in place which included details of how to make a complaint and the timescales for a response. Information about how to make a complaint was included in the residents guide. The registered manager told us that she had not received any formal complaints in the previous 12 months. None of the people living at the home or relatives we spoke with had made a complaint but all knew how to complain or raise any concerns if they needed to. One person commented, "I've not had any complaints but I would speak to the staff or [registered manager] if I needed to".

We reviewed a large collection of thank you cards received by the service. Comments included, "Thank you for your care and welcome" and "Thank you for all the care you have provided to the Sisters".

## Is the service well-led?

### Our findings

At the time of our inspection the service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was responsible for the day to day running of the home and was directly involved in people's support. It was clear from our conversations and observations that she knew the people who lived at the service well, both in terms of their needs and their preferences.

People were happy with the way the service was being managed and felt that staff and the registered manager were approachable. One person told us, "[Registered manager] is lovely. She does a very good job. I could speak to her or the staff about anything". Another told us, "Yes, I know the manager. She's very nice".

Staff told us they were happy working at the home and felt well supported by the registered manager. One staff member commented, "The service is well managed. [Registered manager's] worked really hard to make improvements. I'm very happy here". Another told us, "I'm very happy working here. I can't think of any improvements that are needed".

Staff told us that staff meetings took place regularly and this was confirmed by the records we saw. We reviewed some recent meeting notes and found that issues discussed included CQC inspections, MCA and DoLS, whistle blowing, training, infection control and reminders about staff responsibilities. We saw evidence that staff were able to raise concerns and make suggestions and these were acted upon.

We looked at how the service sought feedback from people about the support they received. The registered manager told us they did not offer satisfaction questionnaires as these had been issued in the past and people living at the service had been reluctant to complete them. She told us that people also did not want to attend regular meetings. The people we spoke with told us they were asked regularly if everything was alright and they did not feel that questionnaires or meetings were necessary. They told us they felt able to raise any concerns or make suggestions and would do this directly with the registered manager. The registered manager told us she planned to trial a brief annual survey to check that people were happy with their care. She told us she would also issue staff with an annual survey to gain their feedback about the service. This would help to ensure that any suggestions for improvement made by people living at the home or staff could be captured and acted upon.

The staff we spoke with were clear about their roles and responsibilities. When they started working at the service they received a job description, employee handbook and a contract of employment which provided information about their specific duties. One staff member told us, "We all know what we should be doing. We do everything we possibly can for the Sisters. I think the care is exceptional here".

Records showed that a variety of audits were completed regularly by the registered manager. These

included audits of accidents, medicines and the home environment. We saw evidence that action had been taken where shortfalls had been identified. The registered manager told us the provider's representative visited the service regularly and we saw records to demonstrate this. The provider's representative spoke with people living at the home and staff during the visits, observed the support being provided and checked the home environment. This meant that the provider had oversight of the service and was assured that people were receiving safe care. We found the audits completed were effective in ensuring that high levels of quality and safety were maintained at the service.

We saw evidence that the service worked in partnership with a variety of other agencies. These included community nurses, GPs, podiatrists, dietitians and hospital staff. This helped to ensure that people had support from appropriate services and their needs were met.

The registered manager told us that a number of improvements to the service were planned. These included more comprehensive moving and handling staff competence assessments to ensure that best practice was being followed, and some improvements to the home environment, including new windows.

The provider's philosophy of care was, 'To provide residents with a secure, relaxed and homely environment in which their care, well-being and comfort are of prime importance'. We saw evidence during our inspection that this philosophy was promoted and achieved by the registered manager and staff at the home.

Our records showed that the registered manager had submitted statutory notifications to CQC about people using the service, in line with the current regulations. A statutory notification is information about important events which the service is required to send us by law.