

Franciscan Missionaries of St Joseph Franciscan Convent Blackburn

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

About the service

The Franciscan Convent Blackburn is registered as a residential care home to provide personal care and accommodation for up to 13 older people. The Convent accommodates retired Sisters of the congregation of the Franciscan Missionary of Saint Joseph and females of the Christian faith. The communal rooms, Chapel and grounds are shared with the Convent community. At the time of the inspection there were five people using the service.

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

The Franciscan Convent Blackburn had a calm, caring and friendly atmosphere. People were happy living at the service. One person explained, "I am here because I can continue to live my faith here. That's very important to me." Management and leadership arrangements supported the effective day to day running of the service. Staff were enthusiastic and motivated. People were consulted about their experiences and could make suggestions for improvements.

People told us they felt safe at the service. Risks to individuals were assessed and managed. Staff recruitment ensured appropriate checks were carried out. There were enough staff to support people safely. Staff were aware of safeguarding matters, they had received appropriate training. People were satisfied with the support they received with medicines. Processes were in place to maintain a safe and hygienic environment. There were some minor shortfalls with medicines management and the provision of suitable equipment. These matters were proactively rectified.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were satisfied with the variety and quality of the meals provided at the service. They were supported with their healthcare needs, medical appointments and general well-being. Furnishings and décor aimed to respond to people's needs and comfort. The provider offered a programme of staff training, development and supervision.

People made positive comments about the caring attitude of staff. They said their privacy and dignity was respected. We observed staff interacting with people in a compassionate and friendly manner. Staff knew people well and responded to them as individuals. They were respectful of their lifestyles, choices and opinions.

People received personalised care and support, their needs and choices were assessed, planned and reviewed regularly. There were opportunities for people to engage in a range of activities. Importance was placed upon fulfilling and nurturing people's faith. People had contact with families and friends. Processes

were in place to support people with making complaints.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 28 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Franciscan Convent Blackburn

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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector 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

Franciscan Convent Blackburn 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 both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with five members of staff including the assistant manager, care workers and the cook. We also met the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We observed people receiving support and looked around the premises. We reviewed a range of records. This included two people's care records and medication records. We looked at one staff file in relation to recruitment. Also, a variety of records relating to the management of the service, including meeting records and quality checking systems.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received confirmation of actions to achieve progress. We spoke with the registered manager, who was not present at the inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had processes to protect people from abuse. Staff were aware of safeguarding and protection matters. They described what action they would take if they witnessed or suspected any abusive practice.
- We observed people were relaxed in the company of staff and managers. People commented, "I do feel safe with the staff" and "The staff are very pleasant and efficient. They do what you need to make you comfortable."

Assessing risk, safety monitoring and management

- Managers and staff assessed and managed risks to people's safety, health and wellbeing. This included risks to individuals. For example, relating to physical health, falls, bathing, nutrition and skin integrity. One person explained, "When you're in your room, the staff come and check on you every two hours. They ask 'Are you all right? Do you want anything? Are you warm enough?'"
- The provider had arrangements to provide a safe, secure, environment for people, visitors and staff. The premises and equipment appeared well maintained. Maintenance and safety checks on the fittings and equipment were ongoing. We noted some progress was needed, for example, providing additional call points in bathrooms. Following the inspection, the registered manager confirmed this matter was in hand.

Staffing and recruitment

- The provider followed recruitment procedures to ensure staff were suitable to provide safe care and support. Appropriate checks were completed and recorded. New staff worked probationary periods. Disciplinary procedures supported the management of unsafe and ineffective staff conduct.
- There were enough staff deployed to support people effectively. The registered manager monitored staffing arrangements in response to people's needs. People indicated there were enough staff available. They said, "If you use your call bell, staff will come immediately and at night even more so, because they haven't so many duties" and "If I didn't feel safe, I'd just press the bell and somebody would come."
- We observed there were enough staff on duty during the inspection. Staff told us they felt staffing levels were good, including management support and on call arrangements.

Using medicines safely

- The provider had safe processes for managing people's medicines. People received their medicines as prescribed. They were satisfied with the support received. Their comments included, "The staff give me my tablets...They are on time" and "They are really good with them [medicines].They always ask if you want any paracetamol."
- Staff providing support with medicines had completed training and their competence had been assessed.

Medicine management policies and procedures were accessible to staff. Medicine management records and practices were checked regularly.

- Some matters needed further attention, for example, guidelines for medicines prescribed, 'when required' were not always personalised and unwanted medicines were not stored in a tamper proof container. Following the inspection, we received confirmation progress had been achieved.

Preventing and controlling infection

- The provider had arrangements to ensure people were protected by the prevention and control of infection. Cleaning schedules and checking systems ensured hygiene standards were maintained. All the people spoken with were satisfied with the cleanliness of the home. One person told us, "It's a beautiful house and always clean."

- Staff had access to personal protective equipment and they had completed training on infection control and food hygiene. Suitable equipment, including laundry facilities were provided.

Learning lessons when things go wrong

- The provider had processes to monitor incidents, share outcomes and make improvements, to help prevent similar incidents and reduce risks to people. Staff were aware of their responsibility to report and record, accidents and Incidents.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider involved people with assessing their individual needs, abilities and choices. One person told us, "Somebody from here came to assess me before I came." Where possible, people were encouraged to visit the service, prior to moving in. One person explained how staff had encouraged them to settle into the service.
- The provider used established assessment tools, to monitor and review people's continuing health and well-being needs.

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

- People received support to meet their healthcare needs. Care records included people's medical histories, healthcare needs and appointment attendance. People said they had ongoing attention from healthcare professionals, including GPs, chiropodists and hospital consultations. A staff member explained, "We like to keep on top of things."
- The service was part of a local initiative to share information, when people moved between services or attended healthcare appointments.

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

- The provider offered food and drink choices to encourage a balanced diet. People's specific dietary needs and preferences were known and catered for. Staff monitored people's food and fluid input and provided support as needed.
- People were happy with the meals and catering arrangements. One person said, "The food is exceptionally nice. The menu is very good. There are choices every day and you can choose something else."
- The dining room was bright, comfortable and welcoming; tables were attractively laid. The days menu was displayed. Arrangements were made, to offer and present meals in a very individualised way. People were offered drinks regularly.

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

- The provider offered a good standard of furnishings. Progress was ongoing to monitor, upgrade and adapt the premises to more effectively respond to people's needs and choices.
- People appeared relaxed and comfortable with the accommodation. They had been supported to personalise their bedrooms with their own belongings, such as photographs and soft furnishings. One person commented, "I've got the room sorted as I want it so it's easy and safe for me to move around. It has

helped me to feel at home."

Staff support: induction, training, skills and experience

- The provider arranged for staff to gain knowledge and skills, to deliver effective care. An induction programme provided new staff with initial training. We were told, "Some of the staff work in pairs, one teaching the other until they get used to it. They make sure everything is done properly here."
- Staff confirmed they had achieved recognised qualifications and training was up to date and ongoing. Refresher training kept staff knowledgeable meeting people's needs. They received supervision and support. They had opportunity to discuss their responsibilities, concerns and to develop their role.

Ensuring consent to care and treatment in line with law and guidance

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 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA. People's capacity had been considered. Their capacity to make decisions about their support was reflected in their care plans. There was a lack of clarity around the possibility of some restrictions, which could require application for DoLS authorisations. However, following the inspection the registered assured us this matter was under review.
- Staff understood the importance of gaining consent, promoting people's rights and supporting their choices. We observed examples of people consulted about their support and with routine decisions. One person said, "There's nothing forced on you; you can say yes or no to anything." Care records included signed consent agreements.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Staff treated people with kindness and respect. We saw staff were attentive, friendly and considerate when responding to people's needs. People said, "Some staff members have a nicer manner than others, but they're all good" and "There's a lot of banter with the staff; we have a laugh and tease one another."
- The service supported the principles of equality and diversity. Staff knew people well and were aware of their individual needs. One staff commented, "We are all equal with different needs, no two people are the same." Care records included details of people's specific needs and preferences, including, 'all about me' life histories.

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

- The service supported and encouraged people to make choices and decisions. Staff said, "We always ask and offer choices" and "We don't make decisions for people." They told us they weren't rushed and had time to spend talking with people. People told us, "They have time to chat and are interested in you, very much so" and "I've been asked many times if everything is all right for me and if there's anything else I'd like."

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's privacy and supported them to maintain their dignity. People indicated their privacy needs were met. They could spend time alone in their rooms if they wished. Bedrooms were fitted with appropriate door locks. We saw and heard staff knocking on people's doors and checking that they were welcome to enter, before going in.
- People told us staff supported their independence skills and autonomy. Their comments included, "If you can manage, they encourage you," "I do some things for myself. They would leave me if I wanted them to," and "There's no strict rules. If I rang now and asked for a cup of tea, I'd get one."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 personalised care and support in response to their needs and choices. Care records included assessments and plans to respond to people's needs. Reviews had been carried out regularly. People were involved with their care plans. One person told us, "I was asked about what I need and my choices. They came back and asked me if I was satisfied."
- Staff had ongoing access to people's care plans. They kept records of people's well-being and the care and support provided to them. Team 'hand over' meetings helped ensure the sharing of relevant information.
- People spoke positively about the support they received. They said, "The people who look after me do look after me" and "The staff have been very good, looking after me; I'm very happy here."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service had responded to the AIS. People's sensory and communication needs were assessed and responded to in their care plans. Staff engaged and communicated with people using ways best suited to them. Information was available in different formats, such as easy-to-read format and in large print.

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

- The provider offered activities, to help promote people's intellectual and emotional wellbeing. Significant importance was given to people's spiritual needs. Staff supported people with religious activities, including jubilees and attending mass in the Convent's chapel. One person said, "They have various events sometimes in the community room." Additional activities had been introduced. For example, card games, exercises and visiting entertainers.
- The registered manager and staff encouraged positive relationships. People were supported to keep in contact with family and friends. Visiting times were flexible and overnight accommodation could be provided. People from the local community and beyond, often attended the Convent. Outings to places of interest and leisure trips had been arranged.

Improving care quality in response to complaints or concerns

- The provider had processes to listen and act upon people's concerns and complaints. People had an

awareness of the procedure and had confidence in expressing any concerns. There had not been any complaints at the service. People said, "If I wasn't satisfied with them, I would tell them" and "I'm very happy here. What would I have to complain about?"

End of life care and support

- People were supported to have peaceful and dignified end of life care. At the time of our inspection, the service was not supporting anyone with end of life care. People's individual preferences, including their faith and religious needs, were sensitively sought and recorded. Staff liaised with healthcare professionals as necessary, to enable people to remain comfortable pain free.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted good-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The managers and staff had created a welcoming and supportive atmosphere at Franciscan Convent Blackburn. The ethos of the service was strengthened by the Catholic faith which created a calm and caring environment. People said, "This is the right place for me, but it wouldn't do for everybody, because it's so quiet" and "I think the staff work well together; they're organised."
- The management team provided leadership and direction for staff to provide person centred care. One staff member told us, "It's nice to be part of such a caring team." People spoke positively about the managers describing them as, "Very nice" and "Good."

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

- The provider had processes to monitor and develop the quality of care. Managers and staff completed various audits and checks on systems and practices. Any shortfalls were identified and managed, to achieve timely improvements. The nominated individual lived at the Convent and had ongoing involvement and oversight. We discussed ways of introducing more structured organisational development processes, to support and plan the future direction of the service.
- Policies and refresher training provided managers and staff with up to date learning, guidance and direction. Job descriptions and employment contracts outlined staff roles, responsibilities and duty of care. Staff 'champions' had been introduced, to provide a focus on important themes including, activities, dignity and safeguarding.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider consulted with people and monitored their experience of the service. People confirmed they had regular contact with the managers and the provider representatives. One person said, "A [senior member of the Convent] asks if I'm all right and if there's anything I want of I'm short of." There were regular 'satisfaction surveys' for people to complete. The results were displayed and had been responded to accordingly.
- Staff meetings were held; various work practice topics had been raised and discussed. Staff told us they could voice their opinions and make suggestions for improvement. They said, "We can contribute to the meeting agenda. We can speak up and they listen" and "Any problems get sorted out. The managers are approachable. Teamwork is good."

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 would act upon their duty of candour responsibilities by promoting a culture of openness and honesty. Appropriate action would be taken if something went wrong with a person's care, including providing an apology for any mistakes.

Working in partnership with others

- Records and discussion showed the service worked in partnership with a variety of agencies, to help ensure people received the support they needed. These included, GPs, the religious community, social workers, local parishioners, commissioning teams, chiropodists and community nurses.