

# 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

This was an unannounced inspection which took place on 5 July 2017. The Franciscan Convent Blackburn is a home caring for the elderly Sisters of the congregation of the Franciscan Missionary of Saint Joseph. The service also accommodates females from other religious denominations. The service is registered to provide accommodation and personal care for up to 13 people. There were seven people living at the service at the time of our inspection.

The service had a manager in post who had registered with the Care Quality Commission in April 2017. They had previously been the assistant manager at the home. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers ('the provider'), 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.

At our last comprehensive inspection carried out in September 2015 we found the provider was in breach of one of the regulations we reviewed. This was because they had not taken appropriate action to safeguard the rights of people who could not consent to their care in the Franciscan Convent Blackburn. Following the inspection, the provider sent us an action plan which set out the action they were taking to meet the regulations. During this inspection we found the necessary improvements had been made.

People told us they felt very safe and well cared for in the home. They told us staff were always kind, caring and respectful of their dignity and privacy. Staff had completed training in safeguarding adults and knew the correct action to take should they witness or suspect abuse.

Interactions between staff and the people who used the service were warm, friendly and relaxed. The staff we spoke with had a good understanding of the care and support that people required. They told us they would always try and promote the independence of people who lived in the home. All the people spoken with confirmed staff would encourage them to do as much as they could for themselves.

Risk assessments were in place in relation to the care people required. These had been regularly reviewed and updated to ensure they accurately reflected people's needs.

Although medicines were safely handled, we have made a recommendation that the provider ensures staff always act in accordance with NICE guidelines; this is to ensure an accurate record is always maintained of the medicines prescribed to people who use the service.

People were cared for in a safe and clean environment. Procedures were in place to prevent and control the spread of infection. Regular checks were made to help ensure the safety of the equipment used. Systems were in place to deal with any emergency that could affect the provision of care.

We found people were cared for by sufficient numbers of suitably skilled and experienced staff who had been safely recruited. Staff received the essential induction, training and supervision to enable them to deliver effective care.

People who used the service told us they were always able to make choices about their daily life and the care they received. We saw that appropriate arrangements were in place to assess whether people were able to consent to their care and treatment. The registered manager was aware of their responsibility under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure that people's rights were considered and protected. The registered manager had submitted required DoLS authorisations to the local authority when people were assessed as being unable to consent to their care in the Franciscan Convent Blackburn.

People told us the quality of food provided in the home was very good. Systems were in place to assess and monitor people's health and nutritional needs.

People we spoke with told us they appreciated the quiet and calm nature of the home. We saw people were supported to attend religious services in the Convent. A limited number of activities were organised but all the people we spoke with told us this suited their needs.

There were regular informal opportunities for people to provide feedback on the care they received. The registered manager had plans in place to formalise these through the use of more regular resident meetings and a newly formatted satisfaction survey. All the people we spoke with told us staff were always responsive to their needs.

Staff told us they enjoyed working in the service and found the registered manager to be supportive and approachable. Regular staff meetings took place and were used as a forum to discuss how the service could be improved.

To help ensure that people received safe and effective care, systems were in place to monitor the quality of the service provided. Regular checks were undertaken on all aspects of the running of the home.

## 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.

People told us they felt safe in the Franciscan Convent Blackburn.

Staff had been safely recruited and there were sufficient numbers of staff available to meet people's needs. Staff were aware of the action to take to protect people from the risk of harm.

Systems were in place to help ensure the safe handling of medicines.

People were cared for in premises which were safe and clean.

### Is the service effective?

Good ●

The service was effective.

Required improvements had been made to ensure appropriate action was taken to safeguard the rights of people who were unable to consent to their care in the home. Staff understood their responsibility to support people to make their own choices and decisions wherever possible.

Staff received the induction, training and supervision required to help them deliver effective care.

People were complimentary about the quality of food. Systems were in place to help ensure people's health and nutritional needs were met.

### Is the service caring?

Good ●

The service was caring.

People told us staff were always kind, caring and respectful. We observed staff respected the dignity and privacy of people who used the service.

Staff demonstrated a commitment to providing high quality care. They had a good understanding of the needs of people who used

the service. Emphasis was placed on ensuring people's religious and spiritual needs were met.

Care records were stored securely to protect people's confidential information.

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

**Good** ●

The service was responsive.

People told us staff were always responsive to their needs.

Care plans were regularly reviewed and updated to help ensure the information contained within them was fully reflective of each person's needs.

People told us they were able to participate in activities of their choice. Most people enjoyed spending time in reflection or prayer.

People had opportunities to provide feedback on the care they received and were confident any concerns they might raise would be taken seriously.

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

**Good** ●

The service was well-led.

A new registered manager had been appointed since the last inspection. They demonstrated a commitment to continuous improvement within the service.

People were positive about the leadership and management in the home. Staff told us they enjoyed working at the Franciscan Convent Blackburn and found the registered manager to be supportive and approachable.

Systems were in place to monitor the quality and safety of the service provision.

# Franciscan Convent Blackburn

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

We visited the Franciscan Convent Blackburn on 5 July 2017. The inspection was carried out by one adult social care inspector and was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the home, what the home does well and improvements they plan to make. The provider returned the PIR within the agreed timeframe and we took the information provided into account when we made the judgements in this report.

In preparation for our visit, we reviewed information that we held about the home such as notifications (events which happened in the home that the provider is required by law to tell us about). We also contacted the Local Authority safeguarding team, the local Healthwatch organisation and the local commissioning team to obtain their views about the service.

During our inspection visit we spoke with five people who used the service. We also spoke with the registered manager, the assistant manager, two members of care staff and the kitchen assistant.

We had a tour of the premises and carried out observations during the lunchtime period. We reviewed the care records for three people and the medicines administration records for all the people who used the service. In addition we looked at a range of records relating to how the service was managed; these included three staff personnel files, training records, a sample of policies and procedures, meeting minutes as well as records relating to the monitoring of the service provision.

## Is the service safe?

### Our findings

All the people we spoke with told us they had no concerns about their safety in the home. Comments people made to us included, "I definitely feel safe here because I am in a community with lots of people around" and "I do feel safe here; it's a homely place."

We checked the arrangements in place to help ensure the safe handling of medicines. We saw that all staff had received training in how to administer medicines safely. We were told that, as an additional safeguard, the administration of medicines was always undertaken by two staff working together. Policies and procedures were in place to guide staff about the ordering, administration and disposal of medicines. In addition regular assessments were carried out to check the competence of staff in the safe handling of medicines.

We checked the medicine administration record (MAR) charts for all the people who used the service. We noted all the MAR charts were fully completed to show people had received their prescribed medicines. However we noted that the administration instructions for the same prescribed medicine had been changed on the MAR charts for two people; the handwritten and unsigned amendment instructed staff to administer this medicine once a day rather than twice as originally prescribed. The registered manager told us this was in response to requests from the two individuals concerned, neither of whom wished to take the medicine more than once a day. They told us they had already scheduled a member of staff to request a review of all the prescriptions provided to the home by GPs to ensure they accurately reflected how people wanted to take their medicines.

We recommend the provider ensures staff always act in accordance with NICE guidelines to ensure an accurate record is always maintained of the medicines prescribed to people who use the service.

The provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from abuse. We found the staff understood their role in safeguarding people from harm. They were able to describe the action they would take if they became aware of or suspected abuse had occurred. All staff spoken with said they would not hesitate to report any concerns to the registered manager and were confident appropriate action would be taken. Staff also told us they were aware of the whistleblowing policy in place and would always report any poor practice they observed. We noted the whistleblowing policy also advised staff of other agencies they could contact should they feel the provider had not taken the necessary action to deal with their concerns.

Staff had received training in safeguarding adults and policies and procedures were in place to provide them with guidance if necessary. Staff told us they had also received additional training on how to keep people safe which included moving and handling, the use of equipment, infection control and first aid. The registered manager was aware of their responsibility to report issues any relating to safeguarding to the local authority and the Care Quality Commission.

All the care records we reviewed contained information about the risks people who used the service might

experience including those relating to falls, skin integrity and restricted mobility. Risk management plans provided guidance for staff about the support people required to minimise any risks. All the risk assessments had been reviewed on a regular basis and updated to reflect when people's needs had changed.

We found that recruitment processes were safe. The registered manager told us a number of staff had recently retired which meant new staff had been recruited; this included bank staff who were able to provide cover for annual leave or sickness.

The three personnel files we reviewed all included a full employment history, two references and confirmation of each person's identity. Checks had also been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

People we spoke with told us there were enough people on duty, both day and night; this was confirmed by our observations during the inspection. We noted staff were relaxed and patient in their interactions with people and were proactive in their interventions. One person commented, "Staff come straight away. I like the buzzer; I know they [staff] will come." Another person told us, "Anytime I ring the buzzer they [staff] come straight away."

We reviewed the systems in place to help ensure people were protected by the prevention and control of infection. We looked around all areas of the home and saw the bedrooms, lounges and dining room, bathrooms and toilets were clean. All the people we spoke with told us they had no concerns regarding the cleanliness of the environment. The registered manager told us there was an on-going plan to upgrade and refurbish the premises. We noted a new stair lift and assisted bath had been installed since our last inspection for the comfort and safety of people who used the service.

Records we reviewed showed that the equipment used within the Franciscan Convent Blackburn was serviced and maintained in accordance with the manufacturers' instructions. We saw that regular maintenance checks were carried out and action taken where necessary to address any issues found.

We looked to see what systems were in place to protect people in the event of an emergency. We saw procedures were in place for dealing with utility failures and other emergencies that could affect the provision of care. Inspection of records showed that a fire risk assessment was in place and regular in-house fire safety checks had been carried out to check that the fire alarm, emergency lighting and fire extinguishers were in good working order and the fire exits were kept clear. Staff had completed annual training to ensure they were able to take appropriate action in the event of a fire. Records were also kept of the support people would need to evacuate the building safely in the event of an emergency.



## Is the service effective?

### Our findings

At our last inspection in September 2015, we found the provider had not taken appropriate action to safeguard the rights of people who were unable to consent to their care in the home. During this inspection we found the necessary action had been taken.

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met.

Our review of records showed the registered manager had submitted DoLS applications for two people who used the service; these had yet to be assessed by the local authority.

Staff spoken with confirmed they had received training in the MCA. They were able to tell us how they ensured that people were supported to make their own decisions and choices. One staff member told us, "We always ask people what they want you to do. We tell people it's up to them. It's important to give people time to make their own choices." Records we reviewed also provided information for staff about the decisions people were able to make for themselves. One person's records stated, '[Name of person] is able to make informed choices, deciding for herself what she wishes to do on a daily basis with regards to dietary needs, daily living and social activities'. Staff were also reminded of the need to allow people the necessary time to be able to make their own decisions.

People who used the service informed us they were able to make their own decisions and choices. Comments people made included, "I can come and go as I please" and "I can do whatever I want. Staff don't interfere." Our observations during the inspection confirmed staff always asked people for permission before they offered any care.

We asked the most recently appointed staff member about the induction they had received when they started work at the service. They told us they had undertaken the provider's mandatory training which included moving and handling, the safe handling of medicines and health and safety. They told us they were currently shadowing more experienced staff and would continue in this role until they felt confident to work independently. The registered manager told us all new staff were registered for the Care Certificate. The Care Certificate aims to equip health and social care workers with the knowledge and skills which they need to provide safe, compassionate care.

All the staff we spoke with confirmed they had received training to help support them to deliver effective care. One person told us, "We are all well trained." Records we reviewed confirmed staff were provided with a range of training courses including fire safety, safeguarding vulnerable adults, MCA and DoLS, health and safety, food hygiene, first aid and moving and handling. In addition to this training existing staff were expected to complete the Care Certificate in order to refresh their skills and knowledge.

Records we reviewed showed staff received regular supervision. We noted most supervision sessions had been focused on a particular topic including fire safety and the use of equipment. In addition staff received an annual appraisal of their performance during which they were asked to highlight any training or development needs they had.

All the people we spoke with told us the quality of food provided in the home was very good. Comments people made to us included, "The food is excellent. We always get a choice" and "The food is good. I can't eat everything but it is good." The kitchen assistant we spoke with confirmed an alternative would always be provided for a person if they did not like the meals on the menu.

During the inspection we sampled the lunchtime meal and observed the lunchtime experience in the dining room. We found that people were offered a choice of main course and dessert. We noted appropriate arrangements were in place for people who required some elements of their meal to be pureed. The meals served were freshly cooked, well-presented and appetising. We found the experience to be relaxed and unhurried. People who used the service told us they had enjoyed the meal.

We found the kitchen was clean and well stocked. The service had received a 5 rating from the national food hygiene rating scheme in March 2017 which meant they followed safe food storage and preparation practices. We looked at the report from this inspection which noted the premises were 'well run, clean and tidy'.

Records we looked at showed people's health needs were clearly documented and regularly reviewed to ensure they received effective care. Care records also included information about people's nutritional needs and regular monitoring was carried out to check people's weight.

We saw that a record was maintained of all visits by health professionals and of any advice given; this should help ensure people received the care they required. Where necessary staff supported people to attend medical appointments.

## Is the service caring?

### Our findings

People spoken with told us staff were always kind, caring and respectful of their privacy and dignity. They also told us staff supported them to be as independent as possible. Comments people made to us included, "The care is wonderful. It's like one big holiday. Everything gets done for you", "Staff are very good. I am well looked after" and "They [staff] encourage you to do the things you can do." We noted a letter sent to the registered manager by a person who had recently left the home following a period of care. Within the letter the person had commented, "The care I received was excellent. The staff were attentive to my every need and nothing was too much trouble for them. Whatever they did for me they did with care and attention and with a smile. They were always encouraging."

During the inspection we observed staff were warm and respectful in their attitude toward people who used the service. We saw that staff knocked and waited for an answer before entering bathrooms, toilets and people's bedrooms. This was to ensure people had their privacy and dignity respected. We saw that, where people shared a bedroom, curtains were in place and used to ensure the privacy of both people.

Care records we reviewed contained information about people's likes and dislikes as well as recording details about their social history, religious needs and important relationships and interests. This information helps staff to develop caring and meaningful relationships with people. The registered manager and staff we spoke with clearly demonstrated they knew people who used the service very well. They were able to tell us about people's likes and dislikes, their care needs and also about what support they required. They spoke about people with compassion.

Staff also demonstrated a commitment to providing high quality, personalised care. One staff member of staff who had recently joined the service told us they had noticed, "Staff go out of their way to help people; nothing is too much trouble." Comments from other staff included, "People get great care here. I wouldn't be worried about a family member if they had to come in here" and "We provide care for each person as an individual. Everyone has different needs and likes things done in different ways."

The ethos of the home was Catholic and the atmosphere was tranquil. We saw that emphasis was placed on ensuring people's religious and spiritual needs were met and staff supported people to attend the daily mass which took place in the Convent's chapel. The service was relayed over loud speakers throughout the premises to allow staff and people who did not want to attend the chapel to hear the service.

We noted there was a strong sense of community within the Franciscan Convent Blackburn. People received daily visits from the Sister responsible for the Convent to check on their welfare and provide social contact. Any issues identified during these visits were reported to the registered manager to ensure appropriate action could be taken. Visiting Sisters from other congregations throughout the world were also welcomed to the Convent. This allowed people who were cared for in the home the opportunity to discuss religious and other matters of interest with these visitors.

We asked the registered manager to tell us how staff cared for people who were very ill and at the end of their life. We were told that a number of staff had completed the 'Six Steps' end of life training; this programme aims to improve the care and support people receive at the end of their lives. We saw that care records included information about the end of life care people wished to receive.

We noted that all care records were stored securely. Policies and procedures we looked at showed the service placed importance on protecting people's confidential information.

## Is the service responsive?

### Our findings

People told us they always received the care they needed and that staff were responsive to their needs. One person told us, "The care staff know me well and I get everything I want."

We asked the registered manager to tell us how they ensured people received safe care and treatment that met their individual needs. We were told that people had an assessment of the support they required before they were admitted to the home. This was to help people decide if the nature of the service was appropriate for them, particularly if they were not a Sister of the Franciscan Missionaries of Saint Joseph. The pre-admission assessment also helped to ensure people's individual needs could be met by the staff.

Care plans we reviewed were personalised and addressed all areas of people's lives including physical health, nutrition, medication and communication. We noted all care plans had been reviewed each month and updated to reflect any changes in people's needs. Where possible we noted people who used the service had signed their care plan to show their agreement with its content.

Staff told us there was a handover at the start of each shift. This meeting was used to discuss people's needs and any changes in their health. The registered manager told us that in addition to the daily notes completed by staff, a member of night staff would summarise these into a weekly update. This helped to ensure staff had easy access to information about any changes in a person's condition.

People spoken with told us they did not want to participate in organised daily activities and were happy to spend time in prayer, reading or watching television. We were told some people who used the service also chose to spend time in the communal areas of the Convent in the evenings to socialise with other members of the community. People also had access to a computer which they could use to maintain contact with family or friends. One person told us, "I have been on the computer a few times and I like reading magazines."

We noted occasional trips were arranged which people enjoyed. The registered manager told us they had organised a lunch out at a local restaurant as well as a barge trip which people had requested as they had enjoyed this experience in the past.

We looked at the systems in place to enable people to provide feedback on the care they received in the Franciscan Convent Blackburn. We noted that the complaints procedure was on display in people's rooms. This provided information about the response people could expect to receive should they raise any concerns. All the people we spoke with told us they would feel confident to raise any complaints they might have with the registered manager or the Sister responsible for the Convent. They were confident they would be listened to and their concerns taken seriously. Comments people made included, "There is nothing I want to change", "I have no problems with anything" and "There is no need to complain."

We looked at the complaints book and noted no complaints had been received since the last inspection. We saw that a log was maintained of any compliments received at the home. We noted that one person had

commented about a particular member of staff stating, '[name of staff member] is very accommodating and bent over backwards to help. Another person had commented, "Thanks to you all for your watching and caring during the nights'.

Records we reviewed showed some resident meetings had taken place to allow people to discuss the care they received and any changes they wished to make. The most recent meeting had been held in October 2016 at which all people present stated they had no complaints and were happy with the level of care provided. The newly appointed registered manager told us they intended to increase the frequency of these meetings but that additional community meetings were held, led by the Sister responsible for the Convent, at which religious events and other planned activities were discussed.

## Is the service well-led?

### Our findings

People spoken with were complimentary about the leadership in the home. One person told us, "The manager is very well organised. She is on to things as soon as you mention them." Another person commented, "The manager is very good."

Since the last inspection the registered manager had retired from this role although they still worked occasional shifts at the home. The newly registered manager had previously been the deputy manager at the service. A registered manager is a person who has registered with CQC 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 supported in the running of the service by an assistant manager. During the inspection we saw they were visible and provided direction to staff as necessary.

The registered manager told us the key achievements since the last inspection were the improvements made to the environment and the fact that a number of staff had now completed the 'Six Steps' end of life training programme.

Before our inspection, we checked the records we held about the service. We found that the service had notified CQC of any incidents as required by law. This meant we were able to see if appropriate action had been taken by the service.

During our inspection our checks confirmed that the provider was meeting the requirement to display their most recent CQC rating both in the home and on the provider's website. This was to inform people of the outcome of our last inspection.

We looked at the systems in place to monitor the quality and safety of the care people received. We saw that a regular system of audits was in place, including those related to the safe handling of medicines, the environment and infection control. Action plans had been developed to address any identified shortfalls. We also noted the registered manager had acted promptly to deal with issues identified during an infection control audit carried out by the lead infection control nurse for the area. This demonstrated their drive for continuous improvement in the service. The registered manager also received support from an external consultant who completed regular risk management reports to help ensure the service was meeting relevant regulations.

The registered manager told us they had developed a new resident satisfaction questionnaire which they were due to send out to people. This was an attempt to encourage people to provide written feedback about the care they received as they were often reluctant to do so. The registered manager told us this was mainly because people felt any concerns they had were addressed informally and immediately which meant they did not feel the completion of a survey was necessary.

Staff told us they enjoyed working in the home and found the registered manager to be supportive and

approachable. We saw that regular staff meetings took place and staff were encouraged to put items they wished to discuss on the agenda. Records we reviewed showed the most recent meeting had focused on areas including the administration of medicines and report writing. All the staff spoken with told us they were able to make suggestions at the staff meetings and their views were always listened to.