St Joseph Care Ltd

St Joseph's Convent Nursing Home

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 22 January 2019 and was unannounced.

St Joseph's Covent Nursing Home is a 'care home' located in Stafford. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

St Joseph's Covent Nursing Home accommodates up to 46 people in one adapted building. At the time of this inspection there were 40 people using the service.

The service had two registered managers in place. A registered manager is a person who has registered with the 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.

At our last inspection of the service on 8 January 2018 we found people were not always protected from avoidable harm because unexplained injuries had not been investigated and reported to the local safeguarding authority as required. Action had not been taken to reduce the likelihood of similar injuries occurring again.

At this inspection we saw improvements had been made and now incidents were identified, recorded, referred and investigated appropriately.

We also found improvements had been made to the management of risks. Most assessments were personalised meaning they reflected people's individual needs and preferences.

People felt that activities could be improved and the registered managers could demonstrate they were looking to address this.

People received their medicines safely and appropriately. Improvements to recording processes meant that records now reflect this.

There were sufficient numbers of staff on duty at any one time to meet people's needs in a safe way. The registered managers had recruited a full complement of staff to ensure a consistent staff team.

Staff received regular support and supervision and the provider followed safe recruitment procedures to ensure that appropriate staff were employed. Staff felt well trained to carry out their role effectively and meet people's individual needs. Competency was regularly checked to ensure effective care was delivered.

There were effective systems in place to reduce the risk of the spread of infection.

The provider followed the principles of the Mental Capacity Act 2005 (MCA). People were supported to have choice and control of their care and support. People's decisions and choices were listened to and respected.

People's health and well-being was monitored and supported and needs were being met by staff and with the appropriate support from health professionals. People's nutritional and dietary needs were catered for.

Staff were kind and respectful and they knew people well. People's privacy was respected and staff supported people to maintain their dignity. Staff had a good knowledge of people's needs. We received positive feedback regarding staff and how peoples' needs were met.

Care plans were sufficiently detailed and person-centred, giving members of staff and external professionals relevant information when providing care to people who used the service. Information was reviewed and updated to ensure staff could deliver responsive support as people's needs changed.

There were effective procedures in place to respond to any concerns or complaints. The registered managers responded promptly and effectively to 'niggles' and this ensured that issues were responded to informally and quickly.

The registered managers were approachable and responsive. People were involved and consulted about the running of the home. People who used the service and their representatives were regularly asked for their views about their support through questionnaires and feedback forms. The registered managers also spent time observing care and support to enable them to gather views informally.

Quality assurance measures were now more effective and systems were in place to check the quality of the care delivered by senior staff, registered managers and senior managers within the organisation.

There were a number of effective management systems in place and these monitored the quality and safety of the service provided. Although some areas still required more in depth monitoring the registered managers were knowledgeable of the service's strengths and areas where ongoing improvements were required. They were acting upon these.

The registered managers were aware of the requirement to notify the commission of significant events and their quality rating was being displayed prominently within the home.

Further information is in the detailed findings below.

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 were protected from harm and abuse as systems and processes involved effective monitoring, recording and investigation

Medicines were managed safely.

There were sufficient staff to meet people's needs and staff recruitment was carried out safely with checks on staff completed.

Risk assessments were in place, the majority of which were personalised to reflect individual needs and preferences.

Infection control measures were in place and were effective.

Is the service effective?

Good

The service was effective.

People's needs and choices were assessed and staff received training and support though some staff needed more support to ensure they understood the training they had received.

People consented to their care when they were able to, in line with the law and guidance.

People were provided with a balanced diet and had access to healthcare professionals when required.

Is the service caring?

Good

The service remained caring.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's diverse needs were assessed to allow staff to deliver personalised care and care was reviewed as and when required.

People had access to activities although some people thought these could be improved.

People knew how to make a complaint and felt comfortable to do so. 'Niggles' were promptly investigated and responded to.

Is the service well-led?

Good

This service was well led.

The registered manager was approachable and responsive

The service provided to people was monitored for quality.

In house checks were effectively identifying improvements and these were being acted upon.

Staff felt well supported by the management of the service

St Joseph's Convent Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We visited the service on 22 January 2019 and our inspection was unannounced. The members of the inspection team consisted of two inspectors 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.

Before our inspection we reviewed all the information we held about the service, including previous inspection reports. We also examined information received by the Care Quality Commission.

During the inspection we spoke with fifteen people who used the service and five relatives. We also spoke with the registered managers, four staff members and three senior managers.

We looked at five people's care plans and two staff files. We also looked at records relating to the management and administration of people's medicines, feedback, including quality assurance surveys.

Good

Is the service safe?

Our findings

At our previous inspection, we found the provider was in breach Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people were not consistently protected from avoidable harm. We found that some unexplained injuries such as bruising and skin tears had not been investigated and/or reported as a safeguarding concern. Following the inspection, we received assurances from the registered manager that a new system had been implemented to better safeguard people from the risk of abuse and that staff had received further communication in relation to safeguarding adults' procedures.

At this inspection we found that the provider had made improvements and people were now protected from harm. This domain is now rated as good.

We saw that when unexplained bruises and skin marks to people had been identified they had been fully documented and reported appropriately. This ensured incidents could be investigated and actions implemented to reduce likelihood of reoccurrence. Accidents and incidents were comprehensively recorded and there was evidence they were reviewed by a registered manager and then audited monthly to identify any trends or potential health issues.

Staff had all received safeguarding training and the registered managers questioned staff about their understanding of protecting vulnerable adults during regular spot checks. They were confident that staff understood their roles and responsibilities and in conversations staff demonstrated their knowledge.

People's risks were assessed and managed to support them to stay safe. Falls risk assessments were seen to be detailed and audited for trends. We saw how one person's risk assessment had been updated following a recent fall and care plans reflected the risks and how to manage them. We saw that actions taken to reduce the risk of falls for one person had reduced their number of falls.

We saw that other risks had also been assessed. For example, people's nutritional risks. One person who had been identified as being a high risk of weight loss had been reviewed by the GP and was being encouraged to eat snacks and was having a fortified diet. People's moving and handling risks were still seen to be generic although the registered manager said they would review them in line with other assessments.

People told us they received their medicines as prescribed. One person told us, "I get my medication at the same time every day." Another person said, "Yes I get my medication at regular times." Relatives were equally as confident that the process was safe. One relative said, "I have no concerns with regards to their medication." Another said, "They know what they are doing with regards to my relative's medication."

Since the time of our last inspection improvements had been made in the management of medicines to ensure the process was safe. We saw these systems were now safe. For example, the fridge that stored certain medicines was now kept locked and the recording of medicines administered had improved and staff were more vigilant in checking medicines had been given. The home was now working with a new

pharmacy and were introducing their paperwork to improve efficiency and recording.

Following our inspection, the registered manager told us how the process of administering medicines as and when required for one person had been reviewed and improved to clarify its safe administration. This meant staff could demonstrate that they had administered it appropriately and as prescribed.

People told us they felt safe living at the home. One person said, "Being here, everything makes me feel safe. Never felt unsafe." Another person said, "Yes I feel safe. Always someone about. They always come and make sure I am alright."

Overall people, and relatives, told us there were enough staff to keep people safe and meet their needs. One person said, "Yes there are enough staff. When I press the buzzer, they come quite quickly." Another resident said, "Sometimes seems a bit short of staff. They are a bit slower coming, when I press the buzzer, than normal. But they are pretty good. " Staff felt there was sufficient staff to meet people's needs. We saw staff to be attentive and respond promptly to people's needs and requests throughout the day of our inspection suggesting that staffing was adequate to meet people's needs as and when required.

The provider operated a safe recruitment procedure. This included completion of an application form, interview, two previous employer references and a Disclosure and Barring Service (DBS) check, which was carried out before staff commenced employment. The DBS carry out a criminal record and barring check on individuals who intend to work with children or adults. This helps employers make safer recruiting decisions.

At the time of our last inspection of the home we found that infection control in the home was well managed. At this inspection we found the home was clean and in good decorative order and no unpleasant odours were detected. Staff were trained in infection control and had regular access to supplies of gloves and aprons for carrying out personal care and preparing food. The registered manager told us there was an infection control lead nurse at the home who completed audits and we found these were effective. This meant people were protected from the risk of infection and cross contamination.

Good

Is the service effective?

Our findings

At our previous inspection we rated the effectiveness of the home as requires improvement. At this inspection we found improvements had been made and have changed this rating to Good.

People's care and support needs were assessed by the registered managers who formulated initial care plans with this information. We saw this included information about the person's physical and mental health, life history and activities they enjoyed. Assessments were personalised to meet people's needs and people told us they were supported in ways they preferred. Care plans were now electronic and those we looked at were up to date and information was appropriately cross referenced to ensure staff had the most up to date information about people's needs. This meant they could meet them effectively.

The staff team was skilled and experienced to meet people's needs effectively. Most people thought staff were well trained. One person told us, "Yes they have the training and skills to look after me." Another person said, "Yes they have the right skills to care for me." A relative said, "They (staff) are skilled and have the knowledge to look after them (people who use the service)."

Staff we spoke with also felt well trained. One staff member told us, "There is lots of training." Staff told us they had received additional training in medicines and knew what to look for to identify if a person's skin was breaking down. A community palliative care nurse has provided training to nurses on using the syringe drivers after nurses requested this training to increase their confidence and knowledge. This meant staff had the skills and knowledge to meet people's assessed needs effectively.

New employees completed an induction programme and records showed this consisted of time shadowing colleagues and completing identified training to familiarise them with the role. We saw how induction programmes contained competency checks as well as key training. Online training had a facility to alert the manager if a staff member indicated they wanted more input into a subject. This meant that staff could ensure people's good health and safety as effective training was given to them and their competency was assured.

We reviewed the application of the Mental Capacity Act as part of our inspection. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. During our inspection we found that the service was working within the principles of the MCA and that staff had received appropriate training. We saw that the service had assessed people's capacity upon initial referral and used local authority assessments to support this.

Most people told us they were asked for permission before staff supported them. Some people however were not so confident. One person told us, A resident said, "No, they do not ask permission." but then another said, "Oh yes, of course they ask my permission." Interactions seen on the day of our inspection

reflected that people were fully consulted and staff told us they consulted with people prior to offering support and relatives also confirmed this happened.

We checked whether authorisations to deprive people of their liberty had been made and that any conditions put in place were being met and they were. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked the documentation in place and found that the correct process had been followed in relation to acquiring DoLS authorisations.

We saw that the environment continued to be appropriate to meet people's needs. We saw bathrooms with assisted showers, shower chairs and handrails and some people had their own en-suite bathrooms. Communal areas were bright and spacious and we saw no hazards that may cause a person to fall. Since the time of our last inspection one of the registered managers told us they had appointed a full-time decorator who addressed issues of ongoing redecoration.

Staff were aware of people's nutritional needs, likes and dislikes. This meant that people could enjoy foods that reflected their dietary needs and preferences. Records showed that when one person was at risk of weight loss they were encouraged to have additional snacks and a fortified diet. Staff were aware of this and there was a note in the kitchen to advise of this.

We observed lunch time to be a pleasant social experience with attention to detail paid to settings and ambiance. Staff paid attention to detail to ensure people's comfort. For example, one person was seen to have slipped in their seat and they were supported to sit comfortably.

People told us they enjoyed the food at mealtimes and that meals reflected their dietary needs. We saw a range of main courses and desserts cooked to reflect individual choices. One person was asked about their meal on the day. They told us, "The food is good. I just had a nice lunch. We get plenty of drinks." Some people told us they would like more choice and variety. One relative said they had a meal at the home recently with their family member which had been a particularly positive experience. They told us, "I have had a couple of meals here. At Christmas I came and have dinner with them. When my relative could get out of bed, they made up a lovely table for both of us."

A relative told us and we saw that when their relative required their food mashed or pureed because of risks of choking, this was provided and presented in an appetising manner.

People who used the service said that they felt well supported to access health care. One person told us, "They are quite quick at sorting out a GP." Another person said, "Yes, they are quite quick at sorting appointments." Relatives were kept informed and they valued this.

We saw that people's identified health needs had been clearly documented and were being met. People told us, and records confirmed, that they could see health professionals when they needed to. A relative told us the service was "very good". They said their family member had greatly improved in health since living at this home. One relative could not praise the care high enough and said "They (staff) know every detail of how to treat her. I cannot fault the nurses.

Staff worked with health care professionals to ensure needs were met. For example, we saw that one person's skin integrity was being compromised and staff worked with a tissue viability nurse to help it improve. Records detailed actions nursing and care staff were required to take based on professional

assessments. This meant that people were supported to access health professionals to maintain their health and wellbeing and advice sought was followed by staff.

Good

Is the service caring?

Our findings

At our previous inspection we rated the caring within the service as good. At this inspection it remains good.

Everyone we spoke with told us they were supported by caring staff. One person told us, "They are very good, kind and friendly." Another said, "They are wonderful." A group of people told us how kind and caring staff were. Relatives supported these views. One relative told us, "They are definitely kind and compassionate, they understand them (people who use the service)." Another said, "They are kind to them and me."

People felt well treated and their privacy and dignity was respected by staff. Personal care and support took place privately to respect dignity and maintain confidentiality. Nobody raised any concerns about their privacy and people indicated that they were happy with this aspect of their care. People looked well presented in clean and matching clothes which upheld their dignity. The service had members of staff who were 'dignity champions' who had pledged to uphold people's dignity and encourage this of other staff members.

People told us they were given choices about their care and how they spent their time. We spoke with a group of people who shared their experiences of their evening routine to demonstrate this. One person was independent and retired to bed and got up when they preferred. One person said they told staff when they were ready and another person said they sometimes liked a lie in but it depended how they felt on the day. They said staff always accommodated these wishes.

Staff promoted and supported people's independence and we saw examples of this at meal time. One person told us that even though they were a little slow staff still waited for them to do things for themselves. They valued their independence so this was important to them. A relative said, "Yes they support them to be independent."

We had mixed responses when we asked people if staff listened to them. The majority felt thy did but also commented that they did not always have time. Relatives thought that people were always listened to. We observed people, after they had their lunch, being asked where they wanted to go and they were taken to their rooms or the lounge depending on where they chose to go.

People felt that their cultural needs were being met. Religious services were arranged regularly and some people said that this was a consideration when choosing the home in the first place. People who used the service had support to follow their faith and initial assessments identified any religious, spiritual or cultural requirements. This meant that the registered managers could ensure these needs could be met prior to their admission.

Staff were trained in equality and diversity. The staff we spoke with understood about this and told us how they would protect the people they supported from discrimination. The provider had recently introduced additional training for staff in relation to radicalisation. This was arranged after it had been identified as an

emerging risk in supporting vulnerable people. The home had also recently delivered training in relation to supporting Lesbian, Gay, Bisexual and Transgender people (LGBT). A staff champion had been appointed to raise awareness of identified needs and assessment paperwork and the service user guide was being updated to reflect this.

Requires Improvement

Is the service responsive?

Our findings

At our previous inspection we rated the responsiveness of the service as requires improvement. At this inspection as the rating continues to be requires improvement.

People were not always supported to take part in activities to help reduce social isolation. People shared mixed views about the activities on offer. Some people expressed that they were not interested in participating in activities, others thought there could be more. One relative suggested their family member was not always taken to a preferred activity although registered manager said that the person responsible for carrying out the activity went to the person's room if they didn't attend. Another person confirmed that they did not always get to go to the planned activity. They told us, "I do some activities. Occasionally they don't get me, so I find other things to do, reading and drawing." The provider could not evidence that people who spend time in their room received regular interactions with others. Some electronic records did not record what activities a person had done. We did not see room activities recorded as done, but staff said they took place. The registered manager told us that room visits were now scheduled and part of the dedicated activities programme.

On the day of our visit we saw people take part in a quiz and later in card bingo which was played for small prizes. People told us they enjoyed these group activities. Our observations were not reflective of the overall feedback we received about the availability of activities however the registered manager had also identified this was an area where improvement was required and they identified recent feedback from people was that activities were 'improving'.

We found that people received personalised care. We viewed a number of care plans and saw that they had been regularly reviewed and contained key information about health conditions and social history, preferences and care needs. Families told us that they were kept updated of any changes to their family member's needs and they valued this. Relatives told us they had been involved in developing care plans including sharing information about health needs and some shared social histories, likes and dislikes. This meant that staff could use this information to ensure they could offer a personalised service that reflected the persons individuality. This meant staff could be more responsive to meet people's individual needs.

Changes to support plans were promptly responded to, to ensure care remained appropriate. For example, when a person had had a fall, they were reassessed and some equipment was identified for them to ensure the likelihood of a reoccurrence was reduced. The outcome for the person was they had had no further falls.

People's communication needs were met in line with the Accessible Information Standard. All providers of NHS and publicly-funded adult social care must follow the Accessible Information Standard (AIS). The AIS aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand.

People told us that they had not had cause to make a complaint but knew how to should the need arise. One person said, "I have never made a complaint but would ask for the main one out of the office." Another

person said, "Up to now, I have never made a complaint." Relatives told us that the complaints procedure was explained to them when their family member started to use the service. One relative said, "They did talk me through the whole process."

We reviewed any complaints that had been received by the home since the last inspection and found that the registered manager had recorded 'niggles' in order to ensure that even informal issues could be dealt with. All had been dealt with promptly and people were satisfied with outcomes.

At the time of our inspection, no one was receiving end of life care. However, we saw that some people had DNAR (Do Not Attempt Resuscitation) and advanced directives in place to detail their wishes in relation to when they would not be able to decide for themselves. This ensured people's wishes about their health were considered. This information was shared with people's GP to ensure they had the same information. Records reflected that GPs had copies of key documents. A staff member told us how a palliative care nurse had visited the home recently and left a number of advanced care planning documents for people to consider if they may be appropriate for them. Staff were going to discuss them with people. This meant that people's wishes could be considered even at a time when they were no longer able to express them.

Good

Is the service well-led?

Our findings

At our previous inspection in January 2018 we found that the service was not consistently well-led and we had rated this domain as requires improvement. Improvements were required in relation to monitoring the quality of the service. At this inspection we found that the provider had made improvements and this domain is now rated as good.

After our last inspection we were told by the registered manager they had made changes to the systems and processes in place to ensure that all accident and incidents were identified and acted upon to drive continuous improvement. A communication diary was put in place for nursing staff to report concerns such as bruising or skin tears alongside documenting on the provider's electronic care planning system. At the time of this inspection we saw how these processes had ensured improvement in the monitoring and reduction of accidents and incidents.

People told us that the service was well-led and relatives stated that they would recommend the home to others. One relative told us, "I would definitely recommend them this home and I have done already."

People who used this service, their relatives and the staff team all described the registered managers as being 'approachable'. People, relatives and staff were engaged and involved in the development of the service. There were regular resident and relative's meetings which gave people the chance to share their feedback on the quality of the service provided. Not everyone was aware of these meetings (especially relatives) and some chose not to attend however some people thought they were a good opportunity to review the service and make suggestions for change and improvement. For example, residents' meetings discussed foods that people would like to try and then their feedback on it. This shows people were involved and that their wishes were listened to.

Overall feedback via questionnaires was positive but some areas were identified for improvement. For example, some people didn't like to attend activities, others said they didn't always get a choice or the opportunity. Not everyone could recall having a questionnaire but others did and said they had completed them.

Staff told us that the registered managers were very supportive both professionally and personally. Staff were actively involved in the development of the service and we saw that regular staff meetings took place where opportunities to share any concerns and feedback were available. Records showed how issues were shared and discussed openly to improve practice. For example, some areas of improvement were identified at the activities meeting although it was noted that things were "going in the right direction."

Staff told us they felt supported in their roles and comfortable to approach the management with any issues. Staff were encouraged and supported to lake lead roles within the home including an infection control lead nurse and a dignity champion. This showed that the provider and registered managers engaged people and staff in the development of the service.

The registered managers also felt well supported and we met with senior managers employed by the provider who detailed their ongoing monitoring roles. We saw records of visits and actions plans that were reviewed to ensure improvements were made. Issues raised at the time of this inspection had been identified and were being acted upon. Monitoring and quality checks were now better recorded to demonstrate that they take place. For example, the registered managers 'walked the floor' and the record showed that new residents were discussed and staffs understanding of DOLS was checked. They also took the opportunity to monitor call bell response times to ensure people were receiving prompt support when needed. On a previous 'walk the floor' one of the registered managers had identified some gaps in the administration of prescribed cream. They documented they had taken action to address this. This shows that checks were proving effective to drive improvement.

At the time of our last inspection, the service had a registered manager in place. A registered manager is a person who has registered with the CQC to manage the service. At the time of this inspection there had been another manager registered and now two registered managers shared responsibility for the day to day management of the home. The registered managers we spoke with displayed a good knowledge of the individual needs and preferences of people who used the service and areas where improvements were required or had been made.

Notifications were received of incidents that occurred at the service, which is required by law. These may include incidents such as a death of a person who uses the service or events that stop the service running as usual. The registered managers had notified us appropriately of incidents to demonstrate they were open and transparent in sharing information about these incidents.

We saw that the previous inspection rating was on display in the office which is a legal requirement.