

Franciscan Missionary Sisters

# St Josephs Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

St Josephs is a nursing home providing regulated activities accommodation for persons who require nursing or personal care and treatment of disease, disorder or injury to up to 24 people. The service provides support to people who have a range of care and nursing needs including Parkinson's disease, frailty of age, diabetes and people living with dementia. At the time of our inspection there were 22 people using the service.

St Joseph's accommodates 24 people over two floors in one adapted building. The care home is attached to a convent and people have direct access to a shared chapel.

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

Quality assurance processes failed to have identified the concerns found at inspection in relation to fire safety. Record keeping of paper documents was disorganised and some records of health and safety checks were missing.

Electronic care planning and risk management had recently been introduced and needed time to become embedded within the day to day running of the service. Care plans and risk management processes were current and up to date. Information provided enough guidance to ensure people's needs were met and risks were mitigated.

Safe recruitment systems and processes were in place. A formal induction was being developed by the provider. Training was provided for staff to ensure they could carry out their role safely and effectively. People told us they felt safe. Staff had received safeguarding training and were able to demonstrate their understanding and responsibilities to reduce the risk of harm to people.

Peoples nutritional needs were met. People who required specialist diets or additional support had their needs met. Mealtime experiences were positive people told us they had plenty to eat.

People and staff provided positive feedback on the management of the service. People were treated with kindness and compassion and staff were friendly and respectful. People and their relatives told us they were happy with the service they received. Staffing levels were enough to meet people's individual needs.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was inadequate (published 9 March 2022) and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 23 March 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We carried out an unannounced focused inspection of this service on 21 October 2021 (published 9 March 2022). Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, safeguarding service users from abuse and improper treatment, fit and proper persons employed, need for consent, and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Josephs on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will request an action plan from the provider to understand what they will do to improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

Details are in our safe section below.

**Requires Improvement** ●

### **Is the service effective?**

The service was not always effective.

Details are in our effective section below.

**Requires Improvement** ●

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

The service was not always well-led.

Details are in our well-led section below.

**Requires Improvement** ●

# St Josephs Nursing Home

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was undertaken by one inspector.

#### Service and service type

St Josephs is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. St Josephs is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, care workers and the chef.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

At the last inspection the provider had failed to ensure risks were appropriately identified, assessed and mitigated to keep people safe. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection some shortfalls remained. However enough improvement had been made and the provider was no longer in breach of regulation 12,

- Regular health safety and maintenance checks were not robust to ensure equipment and the premises were safe to use. At inspection three fire doors failed to close during a planned fire alarm test. One was due to the carpet pile being too long, preventing closure. The carpet was not new, and this had not been identified during previous fire safety tests and checks. Another fire door was wedged open and a bedroom door closure mechanism was faulty. The provider took immediate action to address the concerns identified and ensure all fire doors were operating safely.
- Risks to people were assessed, and measures were taken to mitigate these. For example, we observed people received their fluids and meals at the correct consistency to mitigate their risk of choking. People who were at risk of developing pressure ulcers had skin integrity care plans in place to ensure they received consistent and safe support. Pressure relieving equipment such as air flow mattresses and cushions were in place to mitigate the risk of pressure ulcers developing. Nurses had clinical oversight of people's skin integrity and records evidenced effective support in this area.
- Falls risk assessments had been undertaken and measures were in place to mitigate identified risks. This included how people moved and any equipment they needed to do this safely. Bed rails and pressure mats were in place for people who were at risk of falling, and people had falls prevention care plans.
- Improvements had been made to the way people's health was monitored. Where people required their weight to be monitored records evidenced people were weighed regularly with clinical oversight of any changes. People who were prone to weight loss had enriched diets and where concerns were identified these were referred for professional medical review.

Systems and processes to safeguard people from the risk of abuse.

At the last inspection the provider had failed to provide a sufficient level of scrutiny and oversight to ensure people were protected from abuse and improper treatment. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Systems and processes protected people from the risk of abuse. Records confirmed that when concerns had been made appropriate notifications were raised in line with the provider's policy. Safeguarding concerns had been investigated and reported appropriately and action had been taken to mitigate a reoccurrence and ensure people's safety.
- Staff were clear about their responsibilities in relation to safeguarding. They knew how to report any concerns they may have to relevant professionals and worked in line with the local authority safeguarding guidance. Safeguarding training was completed by new staff during induction and there was a system to ensure staff undertook refresher training. Staff knowledge of safeguarding reflected up to date information and guidance.
- People told us they felt safe and had no concerns about their personal safety of the care they received. A person said, "They look after me very well, I am safer here than I was at home". Relatives had no concerns about their loved one's wellbeing. One relative said, "They are definitely safe and well looked after, [name] would not be as safe anywhere else as he is there".

#### Staffing and recruitment

At the previous inspection the provider had failed to operate robust recruitment procedures and ensure that relevant pre-employment checks for new staff were undertaken. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- People were protected by safe recruitment processes. Staff records showed new staff were appointed safely following pre-employment checks which ensured they were of good character to work with people who had care and support needs. This included checking people's employment history and undertaking appropriate checks with the Disclosure and Baring Service (DBS) and obtaining suitable references. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Checks were made to ensure nurses were registered with the Nursing and Midwifery Council (NMC) and were fit to practice.
- New staff completed training that included health and safety awareness, fire safety and shadow shifts. A shadow shift is when a new member of staff works alongside an experienced member of staff. New staff told us they felt supported by the provider and were equipped with training and information to enable them to undertake their role.
- There were enough staff on duty. People received care and support in a timely way, and we saw staff taking the time to sit and talk to people. Call bells were answered promptly and people we spoke to confirmed this was usual. The rota reflected the staff that were on duty.

#### Using medicines safely

- At the last inspection medicines were not always managed, administered and stored safely. At this inspection improvements had been made and medicines were managed safely.
- Medicines were administered by trained nurses. Medicine Administration Records (MARs) were completed in line with best practice guidance. Records showed people received their medicines on time, and this



included time specific medicines such as those used to treat Parkinson's disease.

- People received their medicines as prescribed. Protocols were in place for 'as and when required medicines' (PRN). These provided guidance to ensure PRN medicines were administered appropriately and as intended by the prescriber. We looked at people's MAR's care plans and PRN protocols and information was consistent across these.
- We observed people were administered medicines in a personalised and compassionate way. For example, we observed people being asked in a discreet manner if they needed PRN medicines such as those for pain relief.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- Relatives told us they were able to visit the service. Visitors to the service told us they wore masks and had to show evidence of a negative of a negative lateral flow device (LFD) test.

#### Learning lessons when things go wrong

- Lessons were learnt when things went wrong. The provider had taken action to address concerns raised at the previous inspection and learning had been used to drive service improvement. Improvements had been made to the way that people's care records were written monitored and reviewed. This shared learning had led to improved outcomes in relation to people's experiences of receiving person centred care.
- Action was taken following accidents or incidents to help keep people safe. The registered manager monitored all accidents and incidents. This ensured robust and prompt action was taken and lessons were learnt to drive service improvements.
- Relatives told us they were kept informed of accidents and incidents affecting their relative. Learning outcomes from these, and measures taken to mitigate any further risk, were discussed and shared with people and their relatives.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At the previous inspection the provider had failed to consider and implement the principles of the Mental Capacity Act (2005). Where consent had been given, processes were not in place to ensure this was lawfully obtained. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of regulation 11.

- The service was working within the principles of the MCA. Processes were in place, and records confirmed DoLS authorisations were appropriately applied for.
- People's care records and assessments included information about their capacity to make decisions and any best interests decisions made involved the appropriate people.
- Staff had received training in MCA. Staff spoke of the need for presuming people had the capacity to make decisions and to ensure people were supported in the least restrictive way. People told us that staff checked with them before providing care and we observed this during the inspection.

Staff support: induction, training, skills and experience

- New staff did not have access to a formal induction programme. The registered manager told us the provider was in the process of developing an induction programme which would also provide staff who were

new to care the opportunity to undertake the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

- Staff felt valued and supported by the registered manager. The registered manager had recently implemented supervision and appraisal sessions for staff. These provided staff the opportunity to discuss their own wellbeing and identify areas for personal development. Supervision processes needed time to be embedded within the service culture in order to evaluate their effectiveness.
- People felt staff were competent to give them the care they needed. Records showed that since the last inspection staff had been supported to undertake training to ensure their knowledge and skills were up to date. We observed staff practice that provided assurances as to the effectiveness of staff learning. For example, we observed people being supported to transfer using equipment such as hoists. Staff were competent with using the equipment and supported people to transfer in a safe and dignified way.

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

- The service was suitable to meet people's needs; adaptations had been made to meet the needs of people using wheelchairs and walking aids. For people living with dementia, the decoration in the corridors did not enhance orientation or communication. The registered manager told us they were in the process of seeking best practice guidance about environments for people living with dementia and would be implementing these changes within the care home.
- People's preferences were used to enhance their bedrooms which were personalised and contained personal effects such as pictures, photos, equipment and items to support their hobbies and interests. The service is attached to a convent and people had direct access to the chapel where they were able to participate in mass.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's needs were assessed before they started to receive support from the service, to ensure their needs could be met. The information gathered included people's preferences, backgrounds and personal histories. Protected characteristics, such as disability, ethnicity and religion were considered in the assessment process. This ensured people's diverse needs were considered and promoted within their care.
- People's physical and health needs were assessed. Nationally recognised tools were used to assess people's risk of malnutrition and skin integrity. Care plans guided staff in how to support people with their oral hygiene and records evidenced people had access to oral healthcare. Occupational therapy assessments ensured people with mobility needs were provided with equipment to support their mobility and independence.
- Staff liaised effectively with other organisations and teams; people received support from specialist health care professionals. Care records showed that people had access to routine and specialist health care appointments. Records were kept about health appointments people had attended and staff ensured that guidance provided was implemented. We observed one person taking their own blood pressure. Staff told us it was important for the persons to retain their independence in this area.
- People told us that they had good access to health services. During the inspection a person was supported to attend a health appointment in a neighbouring county. Relatives told us their loved ones had access to health care. One relative told us the staff had been great about sorting out their loved one's health needs. Another praised the staff for arranging a forthcoming operation which they said will "Make such a difference and brighten up [name] life". Feedback provided to us from healthcare professionals was positive. A health professional told us they were assured by the registered managers support with enabling people to attend

hospital appointments.

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

- Peoples nutrition and hydration needs were met. Specialist diets were catered for this included where people required a diabetic diet and where people had personal food preferences or allergies.
- People who had difficulty swallowing or were at risk of choking had been referred to the speech and language therapy team (SaLT). People's support plans identified what types of food they could eat and what support they might need to eat and drink. We observed people receiving food consistent with their support needs.
- People told us they had plenty to eat and the meals were of a good quality. Food was nutritious and home cooked, and people could ask for an alternative to the main menu. We observed meals were presented nicely this included where people had modified diets to mitigate their risk of choking or make food easier to eat.
- People had a positive mealtimes experience. Tables were set with cloths and napkins and people were able to choose where they wanted to sit. Some people chose to eat in their bedroom's others chose to have their meal in the sun lounge or dining room. We observed mealtimes to be a positive and social occasion.

# 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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At the previous inspection the provider had not ensured there were adequate systems to assess, monitor and improve the quality and safety of services provided, including risks to the health, safety and welfare of people, and the suitability of staff employed at the service. This was a breach of Regulation 17) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection some shortfalls and inconsistent practices remained. However enough improvement had been made and the provider was no longer in breach of regulation 17.

- Since the last inspection the provider had implemented processes for quality monitoring and audit. These were not robust enough to have identified the concerns found at inspection in relation to fire safety and records and health and safety equipment checks. We were not assured as to the accuracy of fire safety logs and checks because some safety inspection certificates could not be found at inspection. We observed administration and record keeping of health and safety checks and paper documents to be disorganised.
- We sought immediate assurances from the provider about health and safety inspections of the property and equipment. Contractors responsible for undertaking scheduled health and safety checks at the service were contacted and provided evidence safety checks had been carried out. Subsequent to the inspection the registered manager provided assurances that systems have been introduced to improve administration processes.
- Since the last inspection the provider has introduced electronic care planning (ECP). Care plans were recorded on the new system and had been rewritten in a more person centred and detailed way. There was evidence that care plans were current and there was regular management oversight and review of these. The ECP needed time to be used to its full potential and become embedded within the day to day running of the service. Staff feedback about the new system was positive.
- The registered manager understood their responsibility to notify CQC of significant events, as they are required to by law. Notifications had been sent to us in a timely way and were completed in line with requirements. The registered manager understood their responsibility to notify local safeguarding authority of concerns. Records evidenced this was an area that had improved since the last inspection.
- There was a clear staffing structure with identified management roles. Staff demonstrated an understanding of their roles and responsibilities and told us that they had confidence in the registered manager. Feedback from people, visitors and staff about the registered manager was consistently positive.

Comments included "The manager is great" and "The warm friendliness of all the staff is great and [managers name] is fantastic". A person told us "I love the manager, she is fabulous".

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's views were sought about the care they received. Feedback was sought from people's relatives, friends, professionals and staff. There was evidence feedback was used to drive service improvement. For example, the rota had been restructured to provide an overlap of staff on handover. This had been effective in ensuring information was passed on in a timely way and improving communication.
- People and their relatives told us they were involved in planning and reviewing their care. We observed staff working in a person-centred way and providing responsive and compassionate support to people. People were treated with respect and dignity and spoke highly of the service they received. Throughout the inspection we observed positive communication and supportive interaction between the whole team.
- We received positive feedback from people about the service they received. A person said " There are no complaints from me. I am well looked after". Another person said, "I love all the staff, they are so caring and kind". A relative told their loved one improved immensely since they had moved to St Joseph's adding, " We are very happy".

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 registered manager understood their responsibility to be open in the event of anything going wrong. They reviewed any feedback and incidents, so any learning would be taken from them and the service would continue to develop. Outcomes were shared with people and staff to ensure lessons were learnt.
- Staff told us the registered manager promoted transparency and honesty and they always felt able to speak to her. Staff knew how to whistle-blow and knew how to raise concerns with the local authority and Care Quality Commission.
- The registered manager worked collaboratively with people, relatives and staff to continuously improve people's care. This ensured issues were addressed promptly, and any changes made communicated to the staff team to implement in a timely way. Relatives told us any concerns they had were dealt with in a prompt way

Working in partnership with others

- The service worked in partnership with other agencies. These included healthcare services and the local authority. Since the last inspection the service has received guidance from the local authority as well as another of the providers services.
- Staff were aware of the importance of working with other agencies and sought their input and advice. Records showed that staff had contacted a range of health care professionals. This enabled people's health needs to be assessed so they received the appropriate support to meet their continued needs.