

Little Sisters of the Poor

Mount St Joseph - Leeds

Inspection report

Shire Oak Road
Headingley
Leeds
West Yorkshire
LS6 2DE

Tel: 01132784101

Website: www.littlesistersofthepoor.co.uk

Date of inspection visit:
26 July 2019
30 July 2019

Date of publication:
12 September 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Mount St Joseph is a care home providing personal and nursing care for 43 older people. The service can support up to 46 people.

The home is situated close to Leeds city centre and is close to bus routes, shops and other local amenities. The home has various communal and quiet sitting rooms and provides accommodation in single and double rooms.

People's experience of using the service

People were supported safely and protected from harm. There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to people.

The management of medicines was safe. Risk assessments had been completed and provided detailed guidance for staff to follow. Incidents and accidents were managed effectively; lessons learnt were shared with staff to reduce the risk of further occurrences.

There were enough skilled and experienced staff to meet the needs of people who used the service. Recruitment checks were completed on new staff to ensure they were suitable to support people who used the service. A comprehensive induction and training programme was completed by all staff.

People told us they felt cared for by staff who treated them with respect and dignity. People told us they were involved in their care, and what they did on a day to day basis. People's right to privacy was maintained by the actions and care given by staff members.

Staff understood people's likes, dislikes and preferences and people told us they were offered choices about their care.

Where required, people were supported to have sufficient food and drink and their health needs were regularly monitored. Staff followed the advice health care professionals gave them.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

A complaints system was in place and people felt confident to share any concerns with the management team.

The provider had embedded quality assurance systems to monitor the quality and safety of the care provided. People were asked for their views and their suggestions were used to improve the service.

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

Rating at last inspection

The last rating for this service was requires improvement (published 27 July 2018) and there was a breach of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulation.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Mount St Joseph - Leeds

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Mount St Joseph is a 'care home'. 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.

Notice of inspection

This inspection was unannounced.

What we did

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection

During the inspection

We spoke with four people living in the home and two relatives about their experience of the care provided. We spoke with the Registered manager, deputy manager, clinical lead, quality assurance lead, training lead, registered nurse, two care staff and activity co-ordinator.

We reviewed a range of records. This included four people's care and medicine records. We looked at three staff files in relation to recruitment, staff supervision and appraisal. We reviewed a variety of records relating to the management of the service, including policies and procedures, audits and health and safety records.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were kept safe and staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them.
- One staff member said, "Safeguarding is about keeping people safe, making sure no harm comes to them."
- The provider had a safeguarding policy and staff were suitably trained to identify and respond to any safeguarding concerns. There had not been any safeguarding incidents reported since our last inspection.

Assessing risk, safety monitoring and management

- People's care plans included risk assessments and staff promoted people's independence and freedom, as well as minimising risks to support their safety.
- One person was at high risk of skin damage. Staff used pressure cushions and creams to prevent skin deterioration. This was effective as the person's skin remained intact.
- Staff used specific equipment with people to mitigate risks, for example sensor mats. One person had a sensor mat which alerted staff of when they moved from the bed to prevent falls. Staff always ensured the equipment was safe to use before carrying out any support.
- The provider had implemented an ongoing risk register to monitor low, medium and high risks within the home and how these were being mitigated. This meant the provider had oversight of all the risks to continue monitoring.

Learning lessons when things go wrong

- The management team responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity.
- The clinical lead told us all incidents were reported to the local health and safety committee, so the provider could track any themes or trends.
- Case studies of incidents were discussed in staff meetings to learn from accidents and provide guidance for staff moving forward.

Using medicines safely

- People received their medicines as prescribed and reviews of medicines took place. Checks were carried out to ensure medicines were stored correctly.
- Staff who administered medicines had received up to date medicine training and had their competency checked to ensure safer medicines management.
- Medication audits were carried out to identify shortfalls and prevent reoccurrences. Some people in the home required controlled drugs, checks were carried out weekly to ensure these had been administered correctly.

Staffing and recruitment

- There were sufficient numbers of staff to meet the needs of people using the service. One staff member said, "There is definitely enough staff," and one person told us, "The staff are always in and out of my room."
- We looked at the staff rota's which confirmed staffing levels were sufficient.
- The provider had robust recruitment procedures which ensured suitable people were employed.

Preventing and controlling infection.

- Staff followed good infection control practices and used personal protective equipment to help prevent the spread of healthcare related infections.
- The home was clean and tidy.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

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

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

- People's needs were assessed, planned and regularly reviewed to ensure they received support that met their changing needs.
- People were offered choices and we saw care plans recorded people's preferences. For example, one person asked not to be given a certain food as this upset their stomach.
- There was a chapel within the home which some people attended. Staff told us they would always offer people the choice of attending daily prayers but respected those who did not want to attend.

Staff support: induction, training, skills and experience

- New staff had an induction which included training and shadowing of experienced staff to ensure they were competent before working alone with people.
- Staff told us training was provided which ensured they had sufficient knowledge to support people and fulfil their role effectively.
- Nurses had to undertake revalidation with the Nursing and Midwifery Council to prove they remained fit to practice. The provider supported nurses with this.
- Staff were supported with regular supervisions and annual appraisals to support with their development and training needs.
- Additional training was provided when people had specific needs.
- The provider had also involved themselves with a pilot scheme which focused on new do not resuscitate form called 'respect forms' which looked to promote people's specific needs.
- The provider continuously looked at ways to follow best practice. For example, they had recently introduced oral health care plans and made this mandatory training for staff following recent best practice guidance.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were involved in meal choices and supported to maintain a balanced diet.
- By working in partnership with people in developing their care, staff supported one person to access the dining room for their meals, which the person was previously unable to do.
- Specific dietary requirements and preferences had been recorded in people's care files.
- Some people required constant supervision from staff when eating to prevent the risk of choking.
- The management team communicated with external health care professionals to maintain people's

wellbeing. People were supported by health care professionals relevant to their needs. One health professional said, "The staff here are good and know people well."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity was assessed. Where necessary, DoLS applications had been submitted.
- People confirmed staff asked for their views and sought their consent before assisting with care and support.
- Where people did not have capacity to consent to their care and support this was provided in people's best interests following discussion with the relevant other person such as people's families.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were treated kindly by caring staff. Comments from people and their relatives included, "We all firmly believe there is nowhere better for my mum and her needs," and, "The care is great and wonderful. You couldn't get better. The staff come and always ask you how you are," and, "Its brilliant. The staff are friendly, kind and caring. I would be blessed to live here when I'm older."
- Staff knew people's preferences and used this knowledge to care for them in the way they wanted.
- People's religious, spiritual, and cultural choices were met and recorded in support plans. The home had its own chapel where a service took place daily. People were asked if they would like to attend. The church offered a catholic service, however, if people's religious preferences differed from this the staff supported people with their needs.
- The clinical lead told us they were involved in the local authority's LGBT hub which looked at people's diverse needs and how these could be met within care homes.

Respecting and promoting people's privacy, dignity and independence

- Staff were proactive and encouraged people to remain independent. One person, registered blind was encouraged to remain independent when eating. Staff used the timings on a clock to inform the person of where each item was, so they could eat independently. We spoke with the person who told us how this worked.
- People's privacy was respected by staff. One relative said, "Staff are very discreet. They are aware of people's privacy when carrying out personal care."

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

- People made decisions about their care and support. Staff provided individualised encouragement, guidance, care and support as required.
- One person living in the home made the decision to eat foods they enjoyed against the recommendation of speech and language therapy which deemed the person to be at risk of choking. The provider had ensured a robust risk assessment was in place to inform staff of this choice and actions to take in the event of a choking incident. This meant the provider respected the persons decision but put measures in place to take a therapeutic risk.
- Staff told us they always explained to people what they did when carrying out personal care.
- Monthly resident meetings were held where the provider communicated any changes within the organisation and asked for people's views.
- The registered manager told us that should anyone wish to have an advocate they would support people

to find a local service. An advocate is a person who can support others to raise their views, if required.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received individualised care and support from staff. Information about their likes, dislikes and preferences for their care and support were recorded. Staff acted upon this information.
- Care reviews took place with people and relatives to discuss any changes to people's care.
- People were encouraged to maintain relationships with their friends and family. Many family members of people living in the home were volunteers who ran activities within the home. This encouraged people to remain close to their loved ones.
- Activities took place within the home on a daily basis. We observed a sing along group where people joined in with songs known to them.
- The deputy manager had set up a 'Friday day out' to ensure people had access to the local community. Trips included going to local parks, café's and farms. The provider carried out events throughout the year and invited people from the local community. During our inspection there was a summer fayre.
- At our last inspection the provider had chicks which people living in the home helped to bring up. Due to this success and interest from people the registered manager said they had now bought some rabbits and we saw people interacting with them throughout our inspection.
- The quality assurance lead had enrolled on training to do adaptive ping pong with residents. This came about following the last quality team meeting with the local authority who informed them that this was available.
- We saw people's choices of activities they preferred were written in care files. For example, one person enjoyed attending Sunday service and records prompted staff to inform the person of all activities on each day.

Meeting people's communication needs

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

- People's communication needs were assessed and recorded in care plans.
- Staff were aware how people communicated. They gave people time to respond in their own way.
- The registered manager told us information could be provided in different formats to ensure people understood their care.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints management system in place. The provider had policies and procedures in place to guide staff on how to manage complaints.

- The provider had not received any complaints since the last inspection.
- The provider had received compliments from people, relatives and volunteers. Comments included, 'I love being a volunteer here at Mount St Josephs. The little sisters are wonderful with the elderly,' and, 'After a lovely lunch out its always a pleasure for [Person name] to come home to the peace and tranquillity of Mount St Joseph.'

End of life care and support

- At the time of our inspection there was no one receiving end of life care. However, the registered manager said they would ensure people's wishes and preferences would be recorded.
- One relative told us how the care and support received from the home had improved their family members health and they were no longer on end of life care. The relative said, "We thought that was the end. [Person name] came back from the hospital and the level of care given was second to none. [Person name] went from strength to strength and this is all because of the level of care they got. If [Person name] hadn't got that they wouldn't be here now."
- The provider valued people at the end of their life and were in the process of creating a memorial garden placing metal angels in the ground to remember those who has passed away.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. This was because not all audits were consistent in monitoring and guiding improvements within the service. Also, records were not always accurate. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager and staff we spoke with, demonstrated a commitment to providing person-centred, high-quality care. They placed people using the service at the centre of everything they did.
- The provider had imbedded values which staff followed. These included, hospitality, respect, family spirit and accompaniment.
- Comprehensive quality assurance systems were in place. This enabled the registered manager to collate information to show how the service was performing and identify where improvements were needed.
- Audits were regularly carried out and actions taken to prevent re occurrences.
- The provider had policies and procedures in place that considered guidance and provided staff with clear instructions.
- Throughout the inspection, the management team were open and transparent towards the evidence we presented and were proactive in their response to our findings.
- The management team and staff were clear about their roles and responsibilities. Staff told us the management team were supportive, approachable and listened and acted upon what they said.
- The provider and registered manager understood their legal responsibilities including the duty of candour, which sets out how providers should explain and apologise when things have gone wrong.
- The management team were open and transparent and shared information with us when issues were raised that we needed to investigate.
- Notifications were submitted to CQC as required by law.

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

- The service had a positive culture that was person centred, open and inclusive. Staff told us they felt supported by the registered manager, and they were comfortable raising any concerns.
- Feedback about the service was encouraged. Surveys were carried out with people living in the home, relatives and staff. We found generally positive comments had been received. Any improvements were acted upon and addressed.
- Management, staff and resident meetings took place. Information from the management meetings and changes within the organisation were fed-back to people and staff. For example, the home had recently

introduced a new system to document all care planning on computers, everyone was informed of this.

Continuous learning and improving care; Working in partnership with others

- The provider worked in partnership with other services and had positive community links. For example, the management team attended local authority meetings to understand new and improved ways of delivering care.
- The service worked in partnership with people, relatives and health professionals to seek good outcomes for people.
- The management team and staff were passionate about making things better for people living at the home. The home had participated in new research projects to develop staff skills and knowledge in line with best practice. This included the 'react to red programme' which focused on the prevention of skin damage.