

Care First Class (UK) Limited

St Joseph

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires improvement 

Overall summary

This unannounced inspection was carried out on 23 September 2015.

St Joseph is a care home that is registered to provide care to up to 15 people who do not need nursing care. Some people are living with dementia. On the day of our inspection there were 14 people living in there.

St Joseph is required to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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 the time of our inspection the manager had been in post over three months but had not submitted an application to become the registered manager. This is a breach of the conditions of registration.

People were protected from abuse because staff were aware of the actions to take if they had any concerns and were able to identify the signs that would indicate if a person was unhappy.

Summary of findings

People were supported to receive safe care before there were sufficient numbers of suitably trained staff that were aware of the needs of people they supported. The recruitment process ensured that only people suitable to work in the home were employed.

People were involved in planning their care so that they received care and support that met their individual needs.

People received care from a staff team that knew them well and benefited from opportunities to take part in activities that they enjoyed and that were important to them and that met their spiritual needs.

People were supported to have food that they enjoyed and meal times were flexible to meet people's needs.

People were supported to remain healthy because they received their medicines as prescribed and were able to see health care professionals as required.

People's right to privacy and dignity was promoted and people's independence was encouraged.

Staff sought people's consent before providing care and support. Staff understood the circumstances when the legal requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) were to be followed.

Systems were in place to monitor the quality of the service but these could be more robust to ensure people received a consistent high quality service.

Summary of findings

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 safe.

People were protected from abuse and avoidable harm because the provider had effective systems in place.

Risks to people were assessed. Staff understood how to keep people safe.

People received their medicines as prescribed.

Good



Is the service effective?

The service was effective.

People's needs were met by staff that had the skills and knowledge to promote people's health and wellbeing.

People's consent was sought before they were provided with care. Staff understood their responsibilities to protect people's rights so that they were not subject to unnecessary restrictions.

Good



Is the service caring?

The service was caring.

People were supported by staff that knew them well so that they had positive experiences.

People were treated with kindness and respect.

People were supported to maintain their dignity and human rights.

Good



Is the service responsive?

The service was responsive.

Care was delivered in a way that met people's individual needs and preferences.

People were supported to take part in activities that they enjoyed and were important to them.

People were able to raise concerns if they had any.

Good



Is the service well-led?

The service was well led but there was not a registered manager in post.

There were systems in place to monitor the quality of the service and to strive to improve the service and build on developments already made.

People benefitted from an open and inclusive atmosphere in the home.

Requires improvement



St Joseph

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.

This inspection took place on 23 September 2015 and was unannounced. The inspection was carried out by one inspector.

We looked at the information we hold about the service and provider. This included the notifications that the provider is required to send to us about incidents at the service and information we had received from the public. Notifications are information the provider has to send us by law. We also asked the provider to send additional information in the form of a Provider Information Return (PIR). This gives the provider an opportunity to tell us about their service. This was not returned to us as requested.

During our inspection we met with all of the people that lived at the home. Some people living there were not able to tell us if they were happy with the care and support they received because they were living with dementia. We observed how staff supported people throughout the inspection to help us understand their experience of living at the home. As part of our observations we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

We spoke with the manager, registered provider, two care staff and the chef. We spoke with two relatives that visited the home and spoke with seven people that lived there. We looked at records of two people, the medicine management processes and at records maintained by the home about recruitment, staff training and the quality of the service.

Is the service safe?

Our findings

All the people spoken with at told us they felt safe with the staff. One person told us, “I’m well cared for here.” A relative told us they felt their family member was comfortable in the home and seemed happy to them. Our observations showed that people were comfortable in the presence of the staff and saw that they asked for assistance when they needed it. Staff told us and records showed that they had received training in how to protect people from harm. All the staff spoken with knew what to do in the event of a suspicion of abuse and how to escalate concerns if they felt they were not being addressed. We saw that when concerns had been identified the local safeguarding team had been contacted and the appropriate actions had been taken to address the issues raised.

People were supported safely and in line with their assessments. One person told us, “The way they look after you, wash and dress you, it’s a thumbs up.” Staff spoken with were knowledgeable about the identified risks to people. We saw that staff had the skills to support people safely when using the hoist and ensured that people had access to their walking frames when they walked independently. Staff told us and training records showed that they had the skills and knowledge to support people safely because training had been provided.

People and relatives told us that staff were available to assist them when required. One relative told us that staff were always available to assist. On the day of our

inspection we saw that there was always a member of staff available in the vicinity of the lounge areas. Although most people in the home were independently mobile we saw that people who required support from staff did not have to wait. There were enough staff available to support people when they wanted something and ensure that people could choose to get up and have breakfast when they wanted. A new member of staff told us and their recruitment records showed that all the required employment checks were undertaken before they were employed. These included character checks with previous employers and Disclosure and Barring Service checks (DBS). This showed that staff were checked to ensure that they were suitable to work in the home.

We observed that people were supported to take their medicines as prescribed with appropriate drinks and encouragement. One person told us, and we saw, that staff took the tablets to people, provided a drink and waited until they had taken the medicines before recording on the medicine administration records (MAR). When we checked the MARs we saw that the medicines had been signed as given appropriately. We saw that there were daily counts of the boxed medicines to ensure that people had received their medicines. The manager told us that medicines were only administered by members of staff that had received medication training. Staff confirmed this. We saw that there were appropriate systems in place to ensure that medicines were received, stored, recorded, returned and destroyed safely.

Is the service effective?

Our findings

We saw that most people that lived at the home had the ability to make informed decisions about their lives. This included where they lived. Where people were not able to make these decisions we saw that relatives and other relevant individuals were involved in making decisions in people's best interests. One person told us that that they had only lived there for a short while but they had been asked about what they liked and didn't like and how they liked to be helped. A relative told us that they had been asked how their family member should be supported. Another relative told us they had been involved in planning their family member's care and were very happy with the care provided. Throughout the inspection we saw staff cared for people in a way that involved them in making choices and decisions about their care. For example, we saw one person ask for a packet of crisps and cup of tea which was provided straight away. We saw another person go back to their bedroom to spend some time on their own. Staff showed a high regard for people's human and legal rights. Where people lacked the mental capacity to consent to bigger decisions about their care or treatment the provider had arrangements in place to ensure that decisions were made in the person's best interest.

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) is important legislation that sets out the requirements that ensure that where people are unable to make significant and day to day decisions that these are made in their best interest. DoLS are in place so that any restrictions in place are lawful and people's rights are upheld. Although staff spoken with did not directly refer to this legislation it was clear from their comments and actions during the day that they were promoting people's human and legal rights. The manager told us that they

assumed capacity unless otherwise indicated and gave and an example where a best interest decision had been held to make a decision about where someone lived. There was no one living in the home that was subject to DoLS.

People told us that they liked the staff and that they [staff] knew what they were doing. All of the staff we spoke with said that they had received the training they needed to be able to do their job. One staff member told us, "We have regular training. There is a mixture of classroom and workbook exercises. National Vocational Qualifications are available if we want to do them. Another member of staff told us, "[The manager] knows her stuff, pushes our abilities and checks what we have done. There is no slacking." Staff confirmed that they had undertaken induction training when they started their employment to ensure that they had the skills and knowledge they needed to support people. Staff told us that they had regular meetings and felt listened to and felt that they were able to raise any concerns they had.

People told us they enjoyed their meals. Two people told us, "The food is good" and "There are plenty of drinks." People were offered choices at mealtimes and staff were aware of people's individual needs and preferences. Nutritional assessments had been completed and some people required the texture of their food to be altered to enable them to swallow safely and some people were provided with food supplements as identified by these assessments. We saw that where people needed encouragement and support to eat this was given in a respectful manner.

We saw that people were supported to have their health needs met. Staff, relatives and records showed that people had been supported to see a range of health professionals, for example dentist, opticians and GP so that they were supported to remain as healthy as possible.

Is the service caring?

Our findings

People and relatives told us that the staff were caring. One person told us, “The staff are good.” A relative told us they were very happy with the way their family member was being cared for by the staff. They told us, “Mum always looks well cared for.” We observed that the interactions between people using the service and staff showed that they had a good relationship. Conversations were warm, caring, respectful and inclusive. We saw that staff frequently engaged with people and included people in the conversations. For example, we heard a member of staff tell people it was “hoover time” before they brought the hoover into the lounge area. This showed that people were kept informed of what was happening.

We saw that people were supported to dress in ways that reflected their gender, culture and personal preferences. For example, one person stayed in their pyjamas for most of the day. A relative told us that their family member was always kept clean and their hair and nails kept well maintained. We heard staff tell people that they “looked beautiful” helping people to feel good about themselves. We saw that people were able to choose where they sat

and saw people move around in the lounges and stay in their bedrooms if they wanted. People were given choices at mealtimes and to plan their daily routines to meet their preferences. For example, we saw that one person got up quite late but was supported to have their breakfast when they wanted.

People’s privacy and dignity was promoted. People had their own bedroom so that they could spend time in private if they chose. We saw that staff spoke with people respectfully and personal care was delivered in private. We saw that staff discreetly adjusted people’s clothing when they needed. We saw that one person was changed several times during the day to maintain their dignity after they spilt food and drink on them.

People were supported to be as independent as possible. We saw that people were supported to eat independently wherever possible and staff took care to clean people’s hands and ensure that where needed people were given the choice of wearing clothes protectors. We saw that people were provided with lidded beakers and straws to enable them to drink independently. People were able to move around the home independently and walking frames were available so that they could get up when they wanted.

Is the service responsive?

Our findings

Staff were responsive to people's needs. People told us that they were supported in the way they wanted by the staff. One person told us, "We are being well looked after." Relatives told us that they were happy with the way their family members were cared for. One relative told us that their family member was "more settled" since they had moved to the home. Another relative told us that they had been involved in planning their family member's care. We saw that staff responded quickly to requests from people for assistance for snacks and drinks. We saw that staff knew people well and were able to tell us about people's likes, dislikes, preferences and people important to them. People had been assigned a key worker. A key worker is a member of staff that works with people and their representatives to ensure that people's needs were met.

People told us that they were happy they were able to do what they wanted. Two people told us, "We watch the world go round, watch people come and go and watch the television." We saw that they sat in positions that enabled them to look out of the windows and look out onto the street. During our inspection we saw that people were involved in conversations with staff, spent time listening to music. One person was singing to the music. Some people were supported to have their nails varnished by staff. One person told us they liked to go their bedroom to 'keep things tidy'. This person told us that they got a bit confused

finding their bedroom. We discussed this with the manager who said they would look at what they could do to assist the individual to easily locate their bedroom. Staff told us and people confirmed that there were some organised activities they could take part in such as exercise, massage, music and sing-a-long. A member of staff told us that people's religious and spiritual needs were met because representatives of several places of worship visited the home.

People were supported to stay in touch with their family and people important to them. Relatives that we spoke with told us that they could visit at any time they wanted and were always made welcome when they came. One relative told us that they were involved in a review of the care of their relative and were more than happy that their needs were kept under review and that they (the relative) were kept informed of any changes.

People spoken with told us that they were happy with the care they received but if they had any concerns they would speak with their relatives or the staff. Relatives told us that they were happy to raise any issues with the staff or manager. Staff told us that they could raise concerns on behalf of people and said that the manager would listen and take action. We saw that no formal complaints had been recorded but there were several compliment cards that had been received from relatives that had received a service.

Is the service well-led?

Our findings

At the time of our inspection a new manager had been appointed but had not yet submitted an application to register with us. This meant that the provider had not met their legal responsibility to have a registered manager in place as this was a condition of their registration. We discussed this with the manager and registered provider and were told that an application would be submitted. At the time of our inspection we had not received an application. This is a breach of Section 13 of the Health and Social Care Act 2008

People living in the home told us they knew who the manager was and told us she was nice. We saw that the manager was knowledgeable about the people under her care and was able to communicate with people effectively. Staff spoken with told us that they were confident in the manager's abilities who would often test their abilities and push them to improve their practice. People, relatives and staff told us that they would have no hesitation in raising concerns and all felt that they would be listened to. Staff told us that there were staff meetings where they were able to discuss concerns and make suggestions for improvements. This showed that there was an inclusive and open door policy in the home and the manager was hands on in terms of care so was able to monitor staff practices and encourage improvement in the service.

Staff told us that they enjoyed their work and worked well as a team and felt valued. One member of staff told us that they felt the service had improved since our last inspection and said that they felt that people had a quality of life in the home. Staff were clear about their roles and responsibilities and knowledgeable about being able to raise issues of poor practice and told us they had been informed of their duty to do this during their induction training.

Organisations registered with CQC have a legal obligation to notify us about certain events, so that we can take any follow up action that is needed. The manager had ensured systems were in place to ensure we were notified and that they fulfilled their legal responsibility.

We saw that there were systems in place to monitor the quality of the service, and quality audits were undertaken. This included audits of medicine management, care records, health and safety and accident and incidents. Where audits had taken place an action plan was developed so that the provider could monitor that actions were taken. However, we saw that the medication audits had not identified the 'as and when required' medication protocols were not detailed enough to ensure they were administered consistently by all staff. One person was to be given a medicine when they became 'agitated'. The manager was able to describe what 'agitated' meant for this individual but agreed that the 'as and when required' protocol needed to be more detailed so that all staff were consistent in when the medicine was given. In addition, the protocol did not indicate what alternative strategies had been used to manage the behaviours before administering the medication or how long to wait before a second dose could be given. .

The registered provider's representative visited the home on a monthly basis and prepared a report of that visit. We saw that the provider ensured that any improvements indicated were followed up on their next visit. The registered provider ensured that regular questionnaires were sent out to get the views of people using the service so that this information could be used to improve the service. The service received very few concerns or complaints and there were few incidents or accidents This meant that continual improvement of the service was promoted and monitored.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.