Colleycare Limited

St Joseph's Care Home

Inspection report

Aylesbury Road
Tring
Hertfordshire
HP23 4DH

Tel: 01442823159
Website: www.bmcare.co.uk

Date of inspection visit:
18 January 2017

Date of publication:
08 February 2017

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

The inspection took place on 18 January 2017 and was unannounced. St Joseph's Care Home provides residential care for up to 48 people including people who may live with dementia. At the time of the inspection 41 people were using the service.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (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.

We found that when people's needs changed this had not always been documented to reflect the changes or to follow best practice.

People felt safe living at St Joseph's Care Home. Staff understood how to keep people safe and risks to people's safety and well-being were identified and managed. The home was calm and people's needs were met in a timely manner by sufficient numbers of skilled and experienced staff. The provider operated safe recruitment processes which helped to ensure that staff employed to provide care and support for people were fit to do so. People's medicines were managed safely.

Staff received regular one to one supervision from a member of the management team which made them feel supported and valued. People received support they needed to eat and drink sufficient quantities and their health needs were well catered for with appropriate referrals made to external health professionals when needed.

People, relative's and other professionals complimented the staff team for being kind and caring. Staffs were knowledgeable about individuals' care, support needs and preferences. People had been involved in the planning of their care where they were able. Visitors to the home were encouraged at any time of the day.

People had opportunities to be involved in activities and hobbies both inside and out of the home. They were confident to raise anything that concerned them with staff or management and were satisfied that they would be listened to.

There was an open and respectful culture in the home and relatives and staff were comfortable to speak with the registered manager if they had a concern. The provider had arrangements to regularly monitor health and safety and the quality of the care and support provided for people who used the service.

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.

Staff knew how to recognise and report abuse.

Individual risks were assessed and reviewed.

People were supported by staff who had been safely recruited.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

People received support from staff who were appropriately trained and supported to perform their roles.

Staff sought people's consent before providing all aspects of care and support.

People were supported to eat and drink.

People were supported to access a range of health care professionals ensure that their general health was being maintained.

Is the service caring?

Good

The service was caring.

People were treated with warmth, kindness and respect.

Staff had a good understanding of people's needs and wishes and responded accordingly.

People's dignity and privacy was promoted.

Visitors were welcomed at any time.

Is the service responsive?

Good

The service was responsive.

People's care plans were reviewed regularly to help ensure they continued to meet people's needs.

Regular meetings were held for people who used the service and their relatives to share their opinions about the service and facilities provided at Kestrel Grove.

People were supported to engage in a range of activities.

People's concerns were taken seriously.

Is the service well-led?

Good

The service was well led.

Documentation was not always updated and guidance for making decisions for people who lacked capacity was not always followed.

People had confidence in staff and the management team.

The provider had arrangements in place to monitor, identify and manage the quality of the service.

The atmosphere at the service was open and inclusive.

St Joseph's Care 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.

This inspection took place on 18 January 2017 and was unannounced. The inspection was undertaken by two inspectors.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we observed staff support people who used the service, we spoke with six people who used the service, one relative, the chef, an activity co-ordinator, five staff members, the registered manager and deputy manager. We received feedback from representatives of the local authority health and community services. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records relating to four people who used the service and other documents central to people's health and well-being. These included staff training records, staff files, medication records and quality audits.

Good

Is the service safe?

Our findings

People told us they felt safe and well looked after. One person said, "I feel very safe here. I know the staff and staff knows me. I do trust them." Another person said, "Of course I feel safe. This is the safest place for me because they [staff] look after me very well." A third person told us, "I am very happy here. I feel safe, I am comfortable and well looked after. I cannot wish for more."

People told us they had their needs met by staff in a timely way and staff were quick in responding to their calls. One person told us, "They [staff] answer my calls very quickly. They don't rush me ever. I have [medical condition] and I am slow but they [staff] are very good with me." Another person told us, "I can do a lot for myself, but they [staff] will very often come in to check if I need anything. They come very quickly if I press my bell." A third person said, "They help me with everything and I am very happy how they do it. They are patient and come always when I need them."

On the day of the inspection there were enough staff to meet people's needs. Call bells were answered in a timely manner and staff carried out their duties in an unhurried way which created a calm and relaxed atmosphere. The registered manager confirmed that they review people's needs and then review the staffing levels to ensure people's needs are safely met.

We saw that information and guidance on safeguarding adults, together with relevant contact numbers, were prominently displayed at the home. Staff we spoke with had received training in safeguarding. Staff told us that they would report concerns to their manager. All staff we spoke with knew how to escalate concerns if required. For example, one staff member told us that they would use the whistle-blowing service and stated that they could contact CQC and social services.

Safe and effective recruitment practices were followed to make sure that all staff were of good character, physically and mentally fit for the roles they performed. One person who lived at the home commented, "They [Staff] are the best you will find." We looked at some staff files and found that staff had completed an application form, references had been obtained and checked by the registered manager and staff had a Disclosure and Barring Service (DBS) check prior to starting work. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed. One staff member told us, "I had to complete an application and provide a minimum of two references and have my DBS in place before I started."

Risks associated with people`s daily living were recognised and risk assessments were in place with clear instructions and guidance for staff to mitigate these risks. People told us they were aware of the risks to their well-being and staff helped them to do things they wanted and stay as safe as possible. For example one person told us they knew they were high risk of falls. Staff discussed with them how to ring their bell if they wanted to mobilise or do things in their room so staff could be present in case they were needed. The person told us, "They [staff] advised me to ring my bell in case I want to do stuff. They gave me a bell for emergencies and I have two others. I will sometimes ring other times I will just do things on my own. I know I could have a fall but I need to try and be as independent as possible." We saw another example where

sensor mats were in place to ensure a person who was at risk of falls was supported to keep safe.

Another person told us, "I am at risk because my eyes are not great. I only go out if somebody is with me. Staff will let me make my own decisions about what I want and can do. I will ask for their help if I need it. They respect my decisions."

Staff demonstrated that they were knowledgeable about the risks involved when supporting people. We observed a person living with dementia walking around the unit and constantly looking for engagement with staff. When staff were not around the person seemed to become anxious, rushing around. Staff often stopped and had a chat with the person, they walked at a slow pace and the person visibly enjoyed their company and slowed down.

There were suitable arrangements for the safe storage, management and disposal of medicines. People were helped take their medicines by staff that were properly trained and had their competencies checked and assessed in the workplace. One staff member told us, "We get assessed on how we give medication every six months." This was to ensure best practice. Staff had access to detailed guidance about how to support people with their medicines in a safe and person centred way. We observed staff support people to take their medicine in a safe way. We found that the fridge temperatures were not always recorded and discussed this with the registered manager.

People told us they received their medicines regularly and in time from staff. One person told us, "They come regularly and in time with my medicines. They [staff] stay with me until I take all my tablets. I used to be able to take my own medicines but not anymore. I am very happy how they manage this for me." Another person told us, "Oh, yes! My medication is always in time and I can ask for tablets if I am in pain. They are very good in getting my tablets right." A third person told us, "I have all my medicines in time and I take quite a few. They will be patient until I take all of them."

Plans and guidance were available to help staff deal with unforeseen events and emergencies which included relevant training, for example in first aid and fire safety. Regular checks were carried out to ensure that both the environment and the equipment used were well maintained to keep people safe. We saw there were personal evacuation plans in place for people who lived in the home. During the inspection the fire alarm sounded and we saw that staff followed the fire protocols in a calm and organised manner.

Good

Is the service effective?

Our findings

People told us they felt staff were knowledgeable and they knew how to provide care and support to meet their needs. One person told us, "I don't exactly know what training they have. I just know that they know what they are doing and they are doing it right." Another person said, "I am sure they are well-trained. They know about my medication and my [health condition]. They know exactly how to deal with me."

People who lived at the home, their relatives and social care professionals were very positive about the skills, experience and abilities of the staff. One social care professional we spoke with commented, "The staff are good at identifying changing needs and the seniors here are excellent. The communication from staff is good."

New staff were required to complete a structured induction programme, during which they received training relevant to their roles, and had their competencies observed and assessed in the work place. Staff received mandatory training and regular updates in a range of subjects designed to help them perform their roles effectively. This included areas such as moving and handling, medicines, first aid and dementia training. One staff member said, "I had an induction and they went over the policies and procedures. I was shadowed (This is when new staff work alongside competent staff until they are assessed to be competent to work independently) I felt supported we have a good team here." Another staff member commented, "I had an induction I found it very helpful, it helped me feel part of the team. I thought the training was good if there was something I didn't understand it was easy to ask."

We were also told by a staff member who said, "I have completed my [National vocational qualification level three] (NVQ). The dementia training here is very good; I have been to external dementia training and learnt how to approach people properly. The provider had delivered innovative dementia training for their staff with the virtual dementia tour that supports staff awareness about what it feels like to live with dementia.

The registered manager told us that staff received supervisions, appraisals and regular staff meeting. Staff we spoke with confirmed they had received their supervisions and were aware of the meetings. One staff member said, "I have my supervisions about every three months and they ask me if I want any further training, we get feedback on how we are doing they ask me if I'm happy they really try to retain their staff and I am happy here."
The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working in line with the principles of the MCA and whether any conditions on authorisations to deprive a person of their

liberty were being met. We found that the registered manager had made Deprivation of Liberty safeguards [DoLS] application to the local authority where appropriate.

We found where people lacked capacity best interest meetings were held to ensure decisions made were in the persons best interest. We also found that where people did not have family members to support them with important decisions we noted that the registered manager took appropriate action to ensure that alternative arrangements were made, for example the use of an advocate or Independent Mental Capacity Assessor [IMCA].

Throughout our inspection we saw that, wherever possible, staff sought to establish people's wishes and obtain their consent before providing care and support. One staff member said, "It's our job to encourage what people can do and support them with what they can't. They [People] have that right it's everybody's right to make a decision." they went on to say, "We ask what would you like to eat we hold up different items to support people's choices and use pictures when needed."

People told us they were asked for their consent and staff respected their decisions regarding the care and support they wanted. One person told us, "I have made my decision about a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR). Staff respects my decision." Another person said, "I am in control of what is happening. They [staff] never push me in doing something I don't want. They do ask for my consent and I can say what I want." A staff member said, "We always give them [residents] choices and let them decide what they want."

The chef was knowledgeable about people's nutritional needs and we saw there was a system in place to ensure people's dietary requirements were met. This included likes, dislikes and dietary needs. There was a four week menu to ensure people were provided with a healthy balanced diet that took full account of their preferences and met their individual dietary requirements. There were alternatives for people if required. We observed one person who did not want the option offered at lunch, they were offered an alternative and the chef prepared this for them.

People were offered regular choice of drinks and biscuits throughout the day. We saw that the menu was varied and offered a good variety of choices. However people `s opinion about food was mixed. One person told us, "On the whole the diet we get is good. Sometimes the meals are good sometimes not so good but we are offered alternatives." Another person told us, "The food is not the problem, how it`s cooked is a problem. Some days I enjoy it some days I don't." A third person told us, "I must admit, the food is up and down. I don't like some of the options, I like traditional cooking."

People told us they gave feedback about the quality of the meals provided in residents meetings. Their opinions were listened to by the registered manager who told us that they have just recruited a new chef. The new chef was due to start and people were looking forward to discussing the menu`s with the new chef. One person said, "There is a new chef starting soon and we can then talk to them and discuss the menus." Another person said, "There were a few chef`s coming and going since I came here. It is another one starting. I think is hard to please everyone and some of us are fussy."

We observed lunch being served in two communal dining rooms and saw that staff provided appropriate levels of support to help people eat and drink. However we observed that on the unit for people living with dementia was not as organised. Staff had laid the tables in the dining area, however they had not placed any condiments or drinks on the table before people were helped to sit. There was music playing and staff were serving people at ad-hoc and not in a clam organised manner.

Staff responded to people`s needs as and when they were around and available. There was not an organised structure. Drinks were served when people were half way through their meals. There had been no menus on the table and some people did not know what they were having for lunch. We were asked on a couple of occasions by people who used the service, did we know what was for lunch.

On the unit for people living with dementia at least four people out of the nine we observed had not touched their food at lunch time. Staff then saved their dinner and told them they could have it later. We returned to the unit and found the one person was having their lunch after everyone finished and things were much calmer. We raised our concerns with the manager regarding re-heating the meals after a few hours since it was cooked. The manager has confirmed since the inspection that all areas we talked about has been discussed with staff and will be monitored to ensure improvements.

Good

Is the service caring?

Our findings

People were overwhelmingly positive about the caring attitude staff showed them. One person told us, "I get exceptional care here I tell you [inspector]. The staff are very friendly and nice." Another person told us, "I rely more and more on their [staff] help and they are very kind and patient with me."

People appreciated the relationships they built with the staff supporting them. They told us staff were friendly and they felt listened by them. One person told us, "Staff is very happy to sit and listen to what I have to say. We have a good laugh and we have fun." Another person told us, "I know every staff member and I surely like talking to them. We tell each other our life stories."

People also appreciated that staff helped them continue their relationships with their families and friends. One person told us, "I really like the fact that staff always offer drinks to my visitors. This makes me feel a good host and happy." Another person told us, "My family and friends can come any time. They are always welcomed by staff."

In the unit for people living with dementia the environment had been decorated to provide items of interest and trigger memories of the past for people who lived with dementia. There were rummage items and pictures on corridors. We observed staff effectively supporting people who lived with dementia. They were able to tell us people`s life histories, preferences and they took real interest in understanding people`s behaviours.

Staff promoted equality and diversity and encouraged people to continue to live their life as they wanted and they respected people`s right to privacy and dignity. One person told us, "Staff respect the privacy of my room. They knock on my door before they come in and they are polite. "Another person told us, "They [staff] are good in making me feel dignified when I have personal care. It was very hard for me in the beginning, but they are so good that I don't feel embarrassed anymore." A third person said, "I love them [staff] all, they asked me if I want male or female staff when I have a shower, but I don't mind because they all make me feel good."

We saw that staff helped and supported people with dignity and respected their privacy at all times. They had developed positive and caring relationships with people they supported and were knowledgeable about their individual needs and preferences. One Staff member said, "I knock on people's doors I always introduce myself and explain what I am doing I try and encourage people to do as much as they can and I respect the decisions they make."

We observed kind and thoughtful interaction from staff, for example. During lunch one person was asked a question about their lunch and the person could not quiet hear them. The staff member commented, "I won't shout." And walked around the table, crouched down to the person's level and clearly repeated the question. We observed through the day staff continually offering choice and interacting with people they knew. People were supported to maintain positive relationships with friends and family members who were welcome to visit them at any time.

Good

Is the service responsive?

Our findings

People told us the care and support they received was personalised. They told us staff knew them very well including their likes and dislikes. One person told us, "Staff know well what I like and dislike. They [staff] takes a personal interest in you, which is great." Another person told us, "They [staff] know exactly what I like and how I like it. I receive very good care here."

We observed staff interacting with people and demonstrating a good knowledge of what people liked. For example we were speaking with a person when a staff member knocked on the door offering tea and coffee. They said, "Would you like your usual tea with two sugars?" The person told us in response, "I told you [inspector], they know what I like."

People received personalised care and support that met their individual needs and took full account of their background history and personal circumstances. Staff had access to detailed information and guidance about how to look after people in a person centred way, based on their individual preferences, health and welfare needs. This included detailed information about people's preferred routines and how they liked to be supported with personal care. For example, people who were insulin diabetic had their blood glucose levels checked daily by the district nurse and people weights were monitored to ensure healthy weights were maintained.

One social care professional we spoke with commented, "The feedback from people (People who lived at St Joseph's) is excellent." They went on to tell us that they visit the home every day and ensure people's needs are met. For example they told us about one person who arrived at the home with a pressure ulcer and that the pressure ulcer was improving. The district nurse confirmed that the tissue viability nurse had been involved to ensure that the person was receiving good care. They told us that they felt that St Joseph's was a good home and that they had monthly meetings with the [Registered] manager to discuss people's care.

Care plans were person centred and reflected people`s needs. People`s preferences, likes and dislikes were recorded for staff to ensure they could deliver the care according to people`s wishes and preferences. For example one person`s care said, "[Person] has a blue handbag they like to take with them and they can get anxious and upset if the handbag is not with them." The care plan also stated, ` [Person] likes their fingernails long and rounded and painted in pink or purple. ` We found that care plans were consistently personalised across all the areas staff identified people needed support in; for example personal care, mobility, sleeping and nutrition. Staff also recorded their own observations when people were not able to verbally communicate their likes. For example staff recorded that a person who lived with dementia liked to lock their bedroom doors during the night. Staff respected and recorded their wishes and they opened the door during the night when they checked on the person with a spare key. This demonstrated that staff understood how to deliver personalised care and support for people.

People we talked to confirmed they were aware of their care plan and knew that staff held information about them. They told us they had access to their care plan if they asked for it. Care plans were structured clearly reflecting people`s involvement and consent. Agreement and consent forms were signed by people

where this was appropriate. One person told us, "I do have a care plan. When I came here I had an assessment and everything I want and need is documented. I don't have the care plan here [bedroom] but is available if I ask for it." Another person told us, "I know about my care plan. Time to time I will have a discussion with the staff about my needs and health. If there are changes they will record it. They [staff] never assume what you want. They always ask us first so that we can decide what to do." The guidance provided to staff showed that people, their relatives and, where appropriate, social care professionals, had been consulted about and agreed to the care provided.

People had the opportunity to take part in meaningful activities and social interests relevant to their individual needs and requirements, both at the home and in the community. People told us there were activities organised at the home and they could choose what they wanted to do. One person told us, "We have a good activity schedule and I can decide what I want to participate in. I like crosswords and quizzes." Another person told us, "I choose to stay in my room a lot. I am not bored, staff come in a chats and the activity person as well. I have my books and TV."

One person we spoke with told us their condition improved a lot since they moved in the home. They felt this was down to staff`s effort to give them a purpose and keep them occupied. They told us, "Since staff got me to knit I am a changed person. My mind wasn't good before and I was a lot worse. I am happy and content now knitting small jumpers for kids. It gives me a purpose."

The activities person told us that they had meetings with people who lived at St Josephs every six to eight weeks to discuss what people wanted to do. They commented that people's needs and what they want to do change and we regularly ask people for their feedback. The activities person was the engagement champion for the home and trained staff in engagement and wellbeing they had also received training to be able to support people with arm chair exercises.

People we spoke with told us they had the opportunity to attend regular residents meetings where they discussed issues or ideas to improve the service. They told us that in every meeting they reviewed the minutes from previous meetings to check if all the actions agreed were completed. One person told us, "We do have regular residents meetings and we do talk about what's good and what is not so good. We review the actions from previous meetings to make sure all done." Another person told us, "I know about the residents meeting and I will attend the next one."

People felt listened to and told us their concerns and complaints were acted on. One person told us, "I am discussing things with the manager and they are good at resolving things to my satisfaction." Another person told us, "I have not complained formally but I raised an issue recently about the door leading to the garden. The lock was changed and if I went out I could not get back in. This was resolved by the manager and staff." A third person told us, "We all [people] moan at times, but I don't really have any complaints."

Good

Is the service well-led?

Our findings

People were happy with how the service was managed. They knew who the registered manager was and they praised how the home was managed. One person said, "[Registered manager] is very approachable, friendly and helpful. This home is very well managed. Another person told us, "This place is well-managed. Everybody knows what they need to do and it is a chain of command in place. The manager is very good."

We found that care plans were person centred and gave a sense of what was important to people, however we found care records were not always updated when people's needs changed. For example, one person had recently been admitted to hospital because the GP felt they may have had a hip fracture. This was not confirmed by the hospital and the person returned to the home. Staff told us there were significant changes in this person`s needs and abilities in the recent days however we found that the care plan has not been updated since the 08/11/2016 to reflect how this person`s needs changed.

We noted that the person has lost 3kg in weight between September and November 2016, however there was no weight recorded for December and the actions taken by staff were not reflected in the care plan. Staff told us they were trying to encourage a good food and fluid intake and they were trying to assist the person with pureed food to find out if they were finding this easier to eat. None of these actions were recorded in the care records. However all staff we spoke with were aware of the person's health needs. The manager addressed this straight away and has confirmed that the care plan has been updated and reflects the person's needs. One care plan we looked at detailed that the relative had power of attorney (POA), however did not specify if this was for health and welfare or just finances. We also noted that on one occasion a best interest decision had been made by staff and had not involved the family member who had POA. We discussed this with the registered manager who told us that this would be discussed with the staff to ensure best practice was followed. We saw other examples where best practice had been followed.

The registered manager felt supported by other managers within the organisation and told us that they can just pick up the phone for support. They confirmed that other managers would complete audits and spot checks in the home to ensure people were provided a good service. There were meetings attended by managers to discuss issues and ideas and support learning. The registered manager had links with the local authorities for training and used websites such as CQC website to keep up with best practice.

Measures were in place to identify, monitor and reduce risks. These included audits carried out in areas such as medicines, infection control, care planning and record keeping. The registered manager was required to review and record information about the homes performance in the context of risk management and quality assurance. The registered manager also carried out daily walk around the home to check on the environment, performance of staff and quality of care and support provided. We found that where audits had identified areas for action that it was not clear if the actions had been completed. For example we saw that a care plan audit had actioned that the care plan needed to be reviewed. However it was not clear if this had been completed. We checked the care plan and found that this had been done. The registered manager explained that the provider had recognised this and had recently implemented a new system that ensured

these areas were addressed. This was in the form of a spread sheet that was returned and checked by the provider.

Information gathered in relation to accidents and incidents that had occurred were personally reviewed by the registered manager who ensured that learning outcomes were identified and shared with staff. We saw a number of examples where this approach had been used to good effect, for example in relation falls. These were thoroughly investigated and used to change and improve the practices and systems used to ensure peoples were safely and reduce the risks of reoccurrence. Strong links had been established with the GP's and district nurses, who knew the residents well, visited the home to ensure people received safe, effective and consistent care that met their needs.

The registered manager and deputy manager were very knowledgeable about the people who lived at the home, their complex needs, personal circumstances and relationships. Staff understood their roles and was clear about their responsibilities and what was expected of them. A staff member commented, "I feel supported we have a good team here." Staff told us, and our observations confirmed that managers led by example and demonstrated strong and visible leadership.