

Joseph House (Trading) Ltd

Joseph House Nursing Home

Inspection report

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Essex
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Tel: 01702297217

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30 April 2019

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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?

Good ●

Summary of findings

Overall summary

About the service:

Joseph House Nursing Home is a residential care home that provides personal and nursing care for up to 20 older people aged 65 and over. At the time of the inspection there were 13 people living at the service. This included two people who were in hospital.

People's experience of using this service:

People told us they were treated with care, kindness and respect. People and their relatives were consistently encouraging about the caring attitude of the staff and confirmed there were positive interactions between them.

People told us they were safe. The service had effective safeguarding arrangements in place to protect people from harm and abuse.

People's care and support needs were documented and staff had a good understanding and knowledge of these and the care to be delivered. Suitable arrangements were in place to manage risk. Minor improvements were required to ensure people received their medication as they should.

Suitable numbers of staff were available to meet people's needs and recruitment arrangements were robust.

Staff received appropriate training and newly employed staff completed an induction. Staff felt valued and supported by the registered provider and manager and received formal supervision and an annual appraisal.

The service ensured they worked collaboratively with others and people were supported to access healthcare services when needed.

People's rights were upheld and they were supported by staff in the least restrictive way possible.

People told us the service was well-led and managed. Quality assurance arrangements enabled the registered provider and manager to monitor the quality of the service provided and staff performance.

Rating at last inspection:

Following the last inspection, the rating of the service was 'Requires Improvement' (Last report published June 2018). Although the service was rated 'Requires Improvement' no breaches of regulation were cited.

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as outlined in our inspection programme and schedule. If any concerning information is received we may inspect sooner.

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

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.

The service was well-led

Details are in our Well-Led findings below.

The service was well-led

Details are in our Well-Led findings below.

Joseph House 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. 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 completed by one inspector over two days and on the first day of inspection they were accompanied by an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses care services. In this instance, experience of services for older people and people living with dementia.

Service and service type:

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

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection took place on the 23 and 30 April 2019 and was unannounced.

What we did:

We reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification

is information about important events, which the registered provider is required to send us by law.

We 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 spoke with five people who used the service and seven relatives about their experience of the care provided. We spoke with three members of staff [including one qualified nurse], the activities coordinator and the registered manager. We reviewed five people's care files and six staff recruitment and personnel files. We also looked at a sample of the service's quality assurance systems, the registered provider's arrangements for managing medication, staff training and supervision records, complaint and compliment records.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments included, "I feel safe with other people around, there is a nurse and I like the residents" and, "I feel safe, it is the staff's attentiveness and attention to detail, as long as they take me for my smokes, I am happy." One relative stated, "[Name of person using the service] is safe here 100%, staff, the way the home is run, just from looking at [relative], they are happy, we are all happy."
- The incidence of safeguarding concerns at Joseph House Nursing Home was at a low level. The registered manager was aware of their responsibility to notify us of any allegations or incidents of abuse.
- Staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. Staff comments included, "I would report any concerns to the manager, social services, police or the Care Quality Commission."

Assessing risk, safety monitoring and management; using medicines safely; learning lessons when things go wrong

- Risk assessments identified how the majority of risks to people's safety and wellbeing were to be reduced and the actions required to keep people safe.
- Freestanding wardrobes on the first floor did not have a retaining bracket to prevent the furniture from falling, or being pulled forward with a potential to cause significant injury and harm. We brought this to the registered manager's attention. The registered manager took immediate action to make these safe.
- Improvements were required to staff member's medication practices. This referred specifically to ensuring topical creams with active ingredients were securely stored and not accessible to others who were not authorised. Action was also needed to ensure prescribed topical creams were administered by staff in line with the prescriber's instructions. This was discussed with the registered manager and a qualified nurse. Immediate proactive actions were taken to ensure lessons were learned.

Staffing and recruitment

- People's comments about staffing levels were positive. One person told us, "I have a buzzer [call alarm], they [staff] don't take long. The mornings are busiest and you wait a little bit longer, it's okay at night and weekends." Relatives raised no concerns about staffing levels.
- The deployment of staff was appropriate and there were enough staff to meet people's needs. Staff were responsive in a timely way and call alarm facilities were answered promptly. Staff told us staffing levels were appropriate.
- The dependency needs of people were assessed each month and this information was used to inform the service's staffing levels.
- Staff had been recruited safely to ensure they were suitable to work with the people they supported.

Preventing and controlling infection

- The service was clean and staff used Personal Protective Equipment [PPE] such as gloves and aprons to help prevent the spread of infection.
- Staff had received suitable infection control training.

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

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 physical, mental health and social care needs were assessed prior to their admission to the service and regularly reviewed. This included where people were admitted to hospital.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion and ethnicity were identified as part of their needs assessment. Staff were able to tell us about people's individual characteristics.

Staff support: induction, training, skills and experience

- Staff were supported to complete mandatory training at regular intervals. This was to ensure they had the right knowledge and skills to carry out their role. However, the weekend chef was not included within the training programme and there was no evidence of training achieved, including an up-to-date food hygiene certificate. This was discussed with the registered manager and they advised that action would be taken to rectify this.
- Newly employed staff received an induction relevant to their role and according to their level of experience and professional qualifications.
- Staff told us they felt valued and supported, particularly by the registered manager. Staff confirmed they received regular formal supervision. Staff employed longer than 12 months had received an annual appraisal of their overall performance.

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

- People's comments about the food were positive. Comments included, "The food is fine, [name of chef] is very good" and, "The food is very good, you get choice, the porridge I like and someone assists me to eat when I need help."
- The dining experience for people was positive. People had access to sufficient food and drink throughout the day and meals were nicely presented. People were able to choose where they had their meal, such as in the communal lounge, in the dining room or in the comfort of their bedroom.
- People had alternatives to the menu, for example, on the first day of inspection, one person did not want spaghetti bolognese and opted for a large bowl of cornflakes instead. On the second day of inspection, one person ate a small amount of their main meal and later requested a bacon sandwich. The latter was duly provided by the chef.
- Where people were at risk of poor nutrition, their weight was monitored and appropriate healthcare professionals were consulted for support and advice.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- The service worked with other organisations to ensure they delivered joined-up care and people had access to healthcare services when they needed it. One person told us they had seen a variety of healthcare professionals within the last eight weeks to ensure their healthcare needs were met.
- Healthcare professionals told us staffs knowledge of dementia was much improved. Staff sought advice and support at the earliest opportunity and made timely referrals where appropriate.
- The service was part of the 'Red Bag Care Home Scheme'. This is a new national initiative. The aim is to promote and improve communication and relationships between the care service, ambulance crews and NHS Hospital; enabling relevant healthcare information about a person to be shared.

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

- Joseph House Nursing Home is a detached house within a residential area in Shoebury. There were sufficient communal areas for people to use and access. These consisted of a conservatory and large dining room on the ground floor and a large 'open plan' space on the first floor. People had personalised rooms which supported their individual needs and preferences.
- The registered manager confirmed on-going refurbishment and decoration was planned for the service.
- During the inspection the service's passenger lift failed to work properly. We were told by people using the service and staff that this had been an intermittent fault. However, this impacted significantly on one person using the service as they were unable to access the communal lounge or dining room on the ground floor. We discussed this with the registered manager and they were able to provide evidence of on-going maintenance works to the passenger lift and discussions held with the registered provider to rectify the issue.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff demonstrated a good understanding and knowledge of the key requirements of the MCA and DoLS.
- People's capacity to make decisions had been assessed and these were individual to the person.
- Where people were deprived of their liberty, applications had been made to the Local Authority for DoLS assessments to be considered for approval and authorisation.
- People were supported as much as possible to make their own decisions. Staff asked for people's consent before providing care and support.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's comments about the quality of care received were positive. Comments included, "My care needs are met, they [staff] do everything, they look after me" , "The staff are alright, they are very kind to me" and "It is nice here, very nice carers." Relatives confirmed staff were kind and caring and they were always made to feel welcome. One relative stated, "When I leave [the care home], I have peace of mind, I know they [staff] will ring me with any problems. I can ring the care home at any time. I have got no qualms as I know [relative] will be cared for in every respect."
- Observations showed people received person-centred care and had a good rapport and relationship with the staff who supported them.
- People and staff were relaxed in each other's company and it was evident staff knew people well. Staff understood people's different communication needs and how to effectively communicate with them. The registered manager confirmed no-one at the time of the inspection required specialist assistive technology. However, one person using the service spoke a language other than English. One of the qualified nurses had requested a list of everyday words from the person's relative in this language, so they and others could effectively communicate with the person using the service.

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

- People and those acting on their behalf were supported to express their views and to be involved, as far as possible, in making decisions about the care and support to be provided. Evidence of meeting minutes for people using the service and those acting on their behalf were readily available.
- People and their relatives were given the opportunity to provide feedback about the service through the completion of annual questionnaires and attendance at formal reviews. One relative commented, "At the review we sat down and talked about several issues. I met the manager and my views were discussed."

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was respected. People received support with their personal care in private. Staff were discreet when asking people if they required support to have their comfort needs met.
- People were supported to maintain their personal appearance to ensure their self-esteem and sense of self-worth.
- People were supported to maintain and develop relationships with those close to them. Relatives confirmed there were no restrictions when they visited and they were always made to feel welcome.

Is the service responsive?

Our findings

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

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; end of life care and support

- Care plans covered people's individual care and support needs, including how the delivery of care and support was to be provided by staff. Staff had a good understanding and knowledge of people's individual care and support needs, including their likes, dislikes and preferences.
- Information available showed people's care plans were reviewed and updated to reflect where people's needs had changed.
- Suitable arrangements were in place to ensure people using the service had the opportunity to take part in leisure and social activities of their choice and interest, both 'in-house' and within the local community.
- One person told us, "I think there is enough to do. I do word searches, some colouring, made Easter cards and I fastened them together with a needle and wool, making it into an Easter book. I like cooking, made fairy cakes and I like decorating them with buttercream. In the Summer we have a garden party."
- Relatives confirmed social activities at Joseph House Nursing Home had improved in recent weeks. Though the person responsible for facilitating activities was employed up to 1.30pm Monday to Friday, activities for the afternoons were planned and left for other staff to complete. One relative told us, "There is a noticeboard but [name of registered manager] and staff let us know what is going on, there is a quiz night this week."

Improving care quality in response to complaints or concerns

- People and their relatives felt able to raise issues of concern with the service. One person told us they had raised a concern with the registered manager as they were told not to use their call alarm facility by a member of staff. The person confirmed their complaint was dealt with to their satisfaction. Another person told us, "Any concerns I speak to the nurse in charge and they talk to the manager, they [registered manager] listen if you have a complaint."
- The service had an effective complaints procedure in place for people to use if they had a concern or were not happy with the service. Complaints logged were investigated and responded to in an open, transparent and timely manner.

End of life care and support

- Staff told us there were two people assessed judged as requiring end of life care. Though there was no evidence to suggest either person was not receiving appropriate care, improvements were required to evidence how pain management arrangements or how the person's end of life care symptoms and preferences were to be managed to maintain the person's quality of life as much as possible.
- The registered manager was aware how to access local palliative care support and services but staff had not received end of life training and this should be considered.

It is recommended that the registered manager ensures staff are aware of national good practice and guidance relating to end of life strategies and staff receive appropriate training.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- At this inspection we found that improvements cited in April 2018 were now addressed. Governance arrangements were effective and embedded within the registered provider's and manager's roles and responsibilities. Fire safety arrangements were safe and the dining experience for people much improved. Follow up action highlighted through staff supervision arrangements was now recorded. This demonstrated lessons learned and acted on.

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

- The registered provider and manager understood the importance of their role and responsibilities. The registered manager told us they were supported by the registered provider and received regular formal supervision.
- People using the service, relatives and staff were complimentary regarding the registered manager and said the service was well-led. One relative told us, "The manager is very helpful, willing to accommodate, has an open door and listens."
- Staff told us it had made a lot of difference having the registered manager's office relocated to within the main hub of the service rather than being in an adjacent building. This meant the registered manager was easily accessible to people using the service, relatives and staff and could monitor what was happening at the earliest opportunity.
- Staff were positive about working at the service. One member of staff told us, "To be honest, it's a lot better. A lot of things were not right previously, the manager monitors what's going on. She's a good manager and approachable." Others consistently described the registered manager as supportive and helpful.
- The quality assurance arrangements monitored the experience of people being supported and risks to the quality of the service were managed. This information was used to help the registered provider and manager drive improvement and monitor performance.

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

- Effective arrangements were in place for gathering people's views of the service they received, those of people acting on their behalf and staff employed at the service. Comments recorded were positive and included, "Amazing staff and we are very happy. [Relative] is being looked after well. Staff always make me feel welcome, everyone is so nice, that's important to me."

- An analysis of the comments made had been completed by the registered provider and manager. This demonstrated where action had been taken and showed the registered provider and manager had listened to people's views and made the required improvements.

Working in partnership with others

- Information showed the service worked closely with others, for example, the Local Authority, healthcare professionals and services to support care provision.