Colleycare Limited

St Joseph's Care Home

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Good

Overall summary

This inspection was carried out on 23 July 2015 and was unannounced.

St Joseph's Care Home is registered to provide accommodation and personal care for up to 53 older people. This includes people who are living with dementia or a physical disability. There were 48 people living at the home when we inspected.

There was 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 and associated Regulations about how the service is run.

When we last inspected the service on 29 September 2014 we found them to not be meeting the required standards in relation to the administration of people's daily records and guidance for staff about people's behaviour to enable them to better meet their individual needs. At this inspection we found that they had met the required standards.

Summary of findings

Care Quality Commission (CQC) is required to monitor the operation of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection applications had been made to the local authority in relation to people who lived at the service and were pending an outcome. Staff were fully aware of their role in relation to MCA and DoLS and how people were at risk of being deprived of their liberty.

People received care that met their individually assessed needs and preferences.

People received their medicines safely and had regular access to health care professionals. People received support where required.

People were provided with a good choice of food and drink and staff had access to accurate and up to date information to help them meet people's needs.

People felt safe and staff were knowledgeable about how to protect people from the risk of abuse and other areas where they may have been assessed as being at risk. Falls, accidents and incidents were monitored to ensure the appropriate action had been taken. There were regular quality assurance checks carried out to assess and improve the quality of the service.

Staff were kind and people appreciated the positive relationships they had with staff. This was also true for relatives. People were complimentary about the staff providing the service. Choices were given to people at all times. People's privacy and dignity were respected and all confidential information about them was held securely.

Care plans were personalised and included information about people's history and interests. Staff were knowledgeable about how to manage people's individual needs and assisted people to take part in daily activities.

The service was well led by a manager who promoted a fair an open culture. They encouraged staff to take responsibility and supported their professional development. The manager also had a support structure in place from area managers. There were regular supervisions and appraisals to support staff.

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.

Staff were able to describe what constituted abuse and were confident about how to report any concerns.

People were supported by sufficient numbers of staff

Staff were aware of people's individual risks.

Medicines were managed safely.

Good

Is the service effective?
The service was not always effective.

Staff training needs had not been met in a timely manner however, the manager had now developed a schedule to achieve this

People were supported to make decisions and their consent was obtained before care was provided.

Staff received the appropriate supervision and training for their roles.

People were supported to eat and drink sufficient amounts and had regular access to health care professionals.

Requires improvement

Is the service caring?
The service was caring.

People had developed effective relationships with staff.

People received care from staff who knew them well and were involved in planning for their care needs

Privacy and dignity was promoted.

Staff were patient and caring; they gave encouragement when supporting people.

Good

Is the service responsive?
The service was not always responsive.

Activities were not centred on the needs of the people who used the service.

People and their relatives were confident to raise concerns and that they would be dealt with appropriately.

People received care that met their individual needs and adapted where needed.

Requires improvement

Summary of findings

Is the service well-led?

Good

The service was well led.

The manager had effective systems to monitor, identify and manage the quality of the service and any required actions were completed.

People, their relatives and staff were positive about the management team.

The manager had an open culture and staff, people and relatives felt they were approachable.

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This visit took place on 05 August 2015 and was carried out by one inspector and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of service. The visit was unannounced. Before our inspection we reviewed information we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with nine people who used the service, three relatives, and six members of staff, two healthcare professionals that were visiting the home, the deputy manager and the manager. We received feedback from health and social care professionals. We looked at three people's support plans. We reviewed staff files with the manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to complex health needs.

Good

Is the service safe?

Our findings

When we last inspected the service on 29 September 2014 we found them to not be meeting the required standards in relation to people's daily records and guidance for staff about people's behaviour to enable them to better meet their individual needs. At this inspection we found that they had met the required standards.

People and their relatives told us they felt safe. One person said, "I feel safe because having members of staff around makes me feel secure." Another person Said, "the help they received supported them in feeling safe". A relative said, "That the environment was beneficial in helping [Relative] feel safe."

There were suitable arrangements to safeguard people against the risks of abuse which included reporting procedures if staff needed to report any concerns. We saw notices for these displayed around the home. Staff were able to describe what constituted abuse and were confident about how to report any concerns they had. One staff member said, "I would to raise any concerns with the manager" However, staff training was not up to date; the manager showed us their training schedule for August. Staff were aware of how to escalate concerns within the organisation if required. Some staff we spoke with did not have an understanding of the whistle blowing policy and this was discussed with the manager who told us they would address this.

We saw that care plans contained risk assessments which were relevant to the person. Any accidents or incidents were appropriately recorded and the manager reviewed these records to identify themes and to mitigate risks if possible. The service had appropriate levels of security to help keep people safe without restricting their movement throughout the home and gardens. For example, one person liked to walk in the garden. They was able to do this independently and staff members went out to talk to them on occasion which ensured that they were safe.

Hourly checks were made by staff to check where people were and that people were safe. One person had been identified to be at a higher risk of falls and we noted that pressure mats had been placed in their room to alert staff when they were getting up. This enabled staff to support the person appropriately and reduce their risk of falls. We observed a discussion between a staff member and a person who used the service who was going out into the garden. The member of staff had pointed out some hazards that were present in the garden while the windows were being cleaned. The staff member offered alternatives. For example, entering the garden using another exit. The person had been given information about the risk and had been provided with an alternative to enable them to make a choice.

We saw there were enough staff with the correct skills to keep people safe. One person said, "There was always [Staff] around." The manager explained that they reviewed people's needs regularly and staffing levels were provided to support this. For example, the manager had increased the number of staff during the day to support the needs of people who lived there. There were systems in place to support staffing levels when the provider needed to manage absence. Agency staff were used in the home on these occasions however; these were regular agency staff who knew people well. The manager said that they were actively recruiting people to reduce the need for agency cover.

The service had a fair and safe recruitment process that included all the appropriate safety checks. Staff started work after all necessary pre-employment checks had been carried out. These employment checks included relevant background checks, reference checks and a review of the applicant's employment history.

People's medicines were managed safely. Records were accurate and consistently completed. We saw that people received their medicines as prescribed. They were stored, managed and administered safely. We saw that people were supported, where necessary and appropriate, to take their medicines at a pace that best suited them and their individual needs. One person said, "I get pain relief when I need it." People were supported by staff that had been trained to administer medicines safely. We saw that medicines administered were recorded appropriately and accurately to reflect what had been given. We observed one person receiving their pain relief and the staff member dispensing the medicine explained to the person what it was for. One relative said, "My [Relative] gets their medicine on time."

Requires improvement

Is the service effective?

Our findings

People felt that staff knew what they were doing. One person said, "All the ones [staff] I've met, come across quite capable and skilful."

The manager had recognised that training needs had fallen behind and had implemented a schedule for training. Although some of the training had now been completed, there were still some outstanding updates to training to be done. However, staff were knowledgeable and competent in their abilities; staff told us they felt well trained and supported to undertake their role. One staff member said, "Since the new manager started, things are now changing to how they should be." We reviewed training records and saw that there was a schedule to ensure all staff would be up to date with training. By the end of August the training for: Challenging behaviours, moving and handling, safeguarding adults, mental capacity act 2005 and deprivation of liberty updates will be completed. Staff had the opportunity for further education. For example, One staff member said, "I have completed my national vocational qualification level two (NVQ) and my manager would support me to do my level three". Staff had also undergone an induction on starting employment at the service that included a period of shadowing to support their learning. We saw, and staff told us, that they received one to one supervision; the manager informed us that since starting in April 2015, this was one of the improvements they had implemented.

Staff training for Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training was scheduled for August. However staff demonstrated a good understanding and were able to explain how the requirements worked in practice. DoLS apply when people who lack capacity are restricted in their activities to keep them safe. We confirmed that where appropriate there had been applications made to the Local Authority for DoLS authorisations. We saw that these applications were properly assessed and appropriately made. We found that people's capacity to make decisions had been assessed with the involvement of other healthcare professionals and that people were supported to access independent advocacy services when required.

People told us they were offered sufficient amounts of food and drink and that there was a choice. One person said, "The food is very good." We saw that during lunch people were asked by staff what they wanted. People told us that they were able to choose what they ate and were involved in deciding what went on the menus. In the kitchen we saw a 'likes and dislikes' board that recorded people's dietary requirements and allergies as guidance for the chef.

People's weights were monitored regularly to ensure they maintained a health weighty. We saw throughout the day staff communicating what they were doing and offering choice to people. One person said, "There's plenty if you want it. They ask you if you want something or if you'd like something else. "Another person told us that they were given fortified drinks and yogurts to supplement their diet.

We saw that people who needed support to eat and drink were supported appropriately and not rushed. There were staff available to help people and we saw that lunchtime was calm and relaxed and people enjoyed the social interaction with staff and others during this time. There was equipment available to support people's independence such as plate guards. There was an alternative choice for people if they changed their mind on the day. We saw throughout the day drinks were available to people. A tea trolley also served tea and biscuits in the morning and afternoon but people did not have to wait for these if they wanted food or drink.

People had regular access to health care support. We saw that the GP visited on set days and in between if needed and there had also been support from others which included district nurses, dieticians and the mental health team. We spoke with a visiting professional, who said, "The communication from the home is good and there are always staff around when we come." Another professional said, "This is a good home, staff are always really helpful. Happy with the home set up, good communication." People told us that they had received support from the GP, district nurse, optician, dentist and chiropodist.

Good

Is the service caring?

Our findings

People and relatives told us that the staff were caring. One person said "They [Staff] are very nice." A relative said, "I think they are very caring."

We saw that staff were patient and gave encouragement when supporting people. We saw staff were calm and not rushed in their work so their time with people was meaningful. Call bells and people's requests were answered in a timely manner. Staff knew the people they cared for and were able to demonstrate this verbally by telling us about the person's past. One Staff member said, "I know all the people I care for. I always make time to talk with them and find out about who they are. We also read people's care plans." Another staff member told us that, If people don't have capacity and the person was without family support, they would use an Independent Mental Capacity Advocate. "This showed that staff were aware of people's rights to an advocate service if required. The manager confirmed that they would access an independent advocate's service for people if required.

Staff told us about the importance of privacy and dignity. One person said, "I always knock on people's doors because you are entering their personal space. I ask [People] if they would like my help. I shut curtains and doors to protect their dignity and cover appropriately when giving personal care." They also told us how they used other forms of communication to support people with choice. For example, they said, "Where a person is hard of hearing I write down what I will be doing to gain their consent." One person said, "They [Staff] tell you what they're going to do." Another person said, "Staff are respectful and allow my privacy by leaving me to have time to myself." Staff were able to demonstrate their understanding about delivering care that promoted peoples dignity. One relative said, "[Relative] is well presented, clean and well cared for."

We observed through the day that staff spoke with people in a kind manner. Where appropriate staff were observed to use positive non-verbal communication such as patting hands or arms, putting arms round people's shoulders and linking arms whilst walking with people. We saw one member of staff talking to a person who was distressed. The member of staff stroked their back whilst telling them what they would do to help. Staff supported people the person in a kind and caring manner.

There were regular meetings held for family and friends to be involved in the home and provided an opportunity to discuss any ideas or concerns that they might have. A relative told us that they were aware of residents meetings and had attended, they said, "Points raised in meetings had been responded to and resolved." We saw copies of resident meetings that covered various topics. For example, food, beds, wine and cheese tasting, entertainment and the mini bus. This showed that people were involved and had opportunities to voice their opinions. All people who used the service had a named keyworker who on a monthly basis would review their care and personal needs.

Requires improvement

Is the service responsive?

Our findings

People and relatives were able to confirm they had been involved with their care. People told us, staff discussed their care with them. A relative said, "They had been involved in the review of their relative's care."

People's individual needs were assessed as they moved into the service. These had been reviewed and updated to reflect any changes to people's needs. We found that people who used the service had been able to contribute to their assessments and care planning. We saw that people's preferences, life style choices and aspirations had been sought to promote individual care. A member of staff told us, that they asked people about their needs. These are recorded and then reviewed with families, staff update the information. There are reviews every six months with people and their families. We saw that care plans contained personal information about people's individual lives including their preferences. However care plans were still being updated, to make them more person centred. All care plans contained relevant information about the person's care and about a third of the care plans had been completed. The manager told us that there will be an assistant manager starting in September and that one of their tasks will be helping with updating all the care plans.

There was no activities co-ordinator employed at the time of our visit. However, recruitment had begun and plans for the new activities co-ordinator to start on the 17 August 2015 were in place. We were told by the manager that staff were maintaining the activities. We saw that there were various activities going on in the home and people were supported to attend. On the day of our inspection there was an entertainer visiting the home, they were involving people through music to exercise and we also saw there had been a quiz, crosswords and alphabet games. We found that although there were activities these were more generic than person centred. People were not supported to access the community unless taken out by their relatives. The manager confirmed that these areas would improve when the activities person started. One Relative said, "[Relative] likes the activities' they like the singing. Anything musical they enjoy." However, they also said, "[Relative] had been very active and had enjoyed walking, yoga and tai chi and felt that [.Relative] could have greater access to exercise."

Staff told us they knew they could speak to the registered manager if they had any concerns. One staff member said, "I would feel comfortable approaching the manager. I was asked during my supervision if I had any problems." Relatives also confirmed that they knew how to raise concerns. They told us that staff and the manager were approachable and that they had confidence their complaints would be dealt with.

One person said, "They would speak to a member of staff." If they had any concerns." Another said, "They would speak to the manager." One relative told us, that it would depend on their concerns as to who they spoke to. If it was a day to day concern she would speak initially to one of the seniors or the deputy manager. They also told us that when they had raised concerns, they had been dealt with efficiently. Another relative said, "If I have any concerns, I email the manager and they respond quite promptly". We found that the complaints received had been fully investigated and responded to in a timely manner and that there were action plans in place to resolve any issues or concerns raised. The complaints procedure was displayed in the home. We also saw people's thank you letters and cards.

Good

Is the service well-led?

Our findings

People who used the service felt the home was well run and the staff were well led. One person said, "If you want to speak to somebody about anything, they'll always answer you properly. They won't brush you off." A relative told us, that she had seen the manager out and about, they will always say hello.

Since starting in April the manager told us that they had made improvements to home. For example, supervisions had not previously been done on a regular basis. However this had now changed and supervisions were being completed every two months. Regular auditing had not always previously been completed and we saw that a system of audits, surveys and reviews were now being completed regularly. These were used to monitor performance, manage risks and keep people safe. These included areas such as infection control, medicines, staffing, accidents and incidents. The audits had also highlighted the training needs of staff and the manager had put in place a schedule to bring people's training up to date.

The manager told us that they were supported by the area manager and they had regular meetings. The manager told us, "These can involve learning events and we also receive regular updates from emails. However I can always pick up the phone for support." The manager told us that area managers carried out regular spot checks of the service to ensure that standards were maintained and to drive forward improvement. We saw that action plans to improve the service were in place following the quality assurance checks completed. For example, updating of the care plans. This process had been started and with the support of the assistant manager starting in September will be completed.

People who lived at the home and staff had been actively involved in developing the service. They were encouraged to have their say at regular resident, relative and staff meetings. We were told by the manager that they were involving people. For example, the manager had sent out a letter to the families of the residents living on the dementia unit. This was to ask if anyone had any suggestions or thoughts on what they could do to improve the environment as they will be redecorating the unit shortly. One relative said, "If [Relative] needs something, it's just provided."

The manager carried out regular "walkabouts" where they toured the whole service and spoke with people and staff about their views and experiences. We saw that the manager also conducted environmental checks at the same time to ensure standards were maintained and people were kept safe. For example, there were no regular bath water temperatures being done before the manager came to the home. This had now been put in place to ensure people were kept safe.

The manager had an open door policy and had made themselves available to residents, relatives and staff. All staff we spoke with felt the manager was very approachable and was very visible around the home. Outside professionals commented on the professionalism of staff and the good relationships they had with the home.

One relative told us, they were given paper based information when their relative came to live at the home and that they get monthly updates on things that are going on. Relatives also told us that they had been involved in email and telephone communication with the service.