

Little Sisters of the Poor

St Joseph's - Manchester

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

St Joseph's – Manchester, is a residential care home that provides accommodation and personal care for up to 43 older people, including people living with dementia and more complex nursing needs. There were 30 people using the service at the time of this unannounced inspection. There were reduced levels of occupancy at the time of this inspection due to building works on site, as part of a larger expansion project.

The facilities available within the service included private bedrooms with en-suites and communal living areas such as dining rooms, lounges and sitting areas. People also had access to a chapel, a library, an activities room, a hair dressing salon, a hall, a shop, a treatment room, a roof top garden and other well-maintained gardens on site.

People's experience of using this service and what we found

People, relatives, staff and professionals told us the service was managed exceptionally well. People and their families felt relationships with the staff team were genuine and appreciated the kindness and support offered to them.

The service operated in a way that demonstrated there was an open and transparent culture at the service.

The home worked in tandem with other health professionals to make sure people received the right care and support to maintain good health. This was a priority for them. People's dining experiences were superb on every day of our inspection and people told us meals were varied and tasty.

People were placed at the heart of the service and they recognised and fully appreciated this. Living at St Joseph's - Manchester had helped people regain a sense of purpose. They were made to feel important and special.

Staff provided excellent care for people approaching the end of their lives, having received guidance and training from expert health professionals. This compassion and support was also extended to family members at difficult times.

The staff and management team showed a genuine understanding and compassion for the people they supported. They continuously sought to improve people's experiences of care and strove to maintain safety and security for all.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The home excelled at supporting people maintain relationships that were already important to them. It also helped bring people together and form new friendships often, though not exclusively, through shared beliefs and a strong faith.

Staff told us they received the leadership and direction they needed. There were regular meetings, supervisions and access to mandatory and bespoke training. Staff felt appreciated by excellent management, who led by example. Staff morale was high as all staff were happy working at the service and felt a valued part of the team.

The service had effective systems of quality assurance in place which continuously assessed and monitored the quality of the service. This included obtaining feedback from people who used the service, their relatives and professionals. The service promoted an extremely person-centred approach and excellent outcomes for the people who used it.

One of the provider's values is the participation in the mission of hospitality to the elderly in a committed on-going way, following in the footsteps of its founder, Saint Jeanne Jugan. People living at St Joseph's - Manchester and their relatives described to us in detail how excellent the home was and the positive impact the service had made to their lives and wellbeing.

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

Rating at last inspection:

At the last inspection we gave the service a rating of good (published 20 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well led.

Details are in our well led findings below.

St Joseph's - Manchester

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. We planned this inspection to check whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by an inspector, a medicine's inspector, an assistant inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

St Joseph's - Manchester is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that 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

The first day of inspection was unannounced. The second day was announced. We visited on a third day to gather additional service user voice to help support our judgements.

What we did before the inspection

We reviewed information we had received about the service from the provider since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with fifteen people who used the service and five relatives about their experience of the care provided. We spoke with ten members of staff including the deputy manager, a personal assistant, a unit manager, care staff, activities co-ordinator, maintenance and a cook. We also spoke with two volunteers.

We reviewed a range of records. These included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to corroborate evidence found and spoke with a night care worker by telephone. We also contacted and spoke with two health professionals who visit the service for additional feedback.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Without exception everyone we spoke with considered St Joseph's Manchester was a safe place to live. People considered the home to be extremely safe and this provided them with a sense of security. One person told us, "You're safe and away from it all here. I feel sorry for people out there."
- Relatives we spoke with were also reassured that safety in the home was paramount. They were confident that staff practices kept people safe. One relative we spoke with told us, "We don't feel the stress as a family any more as [relative] is safe living here."
- Safeguarding policies were in place and staff had been trained to recognise and report signs of abuse. Training in safeguarding people from the risk of abuse had been effective as staff demonstrated a good understanding of safeguarding processes.

Assessing risk, safety monitoring and management

- People were protected from harm and their safety was monitored. Staff understood where people required support to reduce the risk of avoidable harm. People were referred in to other services, for example the falls service and the home physiotherapy service, for advice and guidance.
- Risk assessments were on file relating to aspects of care and the environment. Care plans contained guidance and explanations of the control measures staff should follow to keep people safe.
- Accidents, incidents and untoward events were fully investigated. The registered manager took positive action, looking at and changing policy and practice when warranted to reduce the likelihood of such events occurring again in future.
- All aspects of maintenance were of a high standard and the servicing of equipment was up to date. The maintenance team carried out regular checks on the premises, for example on fire systems and on water systems, paying attention to vacant bedrooms.

Staffing and recruitment

- There were enough staff to support people safely and to ensure people's needs could be met. At the time of this inspection staffing levels had not been reduced despite the reduction in the number of people living at St Joseph's Manchester. One person told us, "There are ample staff - this is why they can take all the time you need." People told us they never felt rushed.
- The service had introduced a new clinical lead role since our last inspection. The clinical lead assisted the unit managers and the deputy manager, providing oversight for people with more complex nursing needs.
- There were long standing members of staff employed at the home. People received consistent care from staff who knew their individual needs.

Using medicines safely

- Overall, medicines were safely received, stored, administered and disposed of when no longer needed. Not all best practice process was in place, particularly regarding the storage of some prescribed creams. However, we found no evidence of harm and once we brought this to the deputy manager's attention, positive action was taken.
- Protocols were in place for people who needed 'as and when' medicines (PRN). These protocols were detailed for people on the nursing unit but more general for people on the residential unit. Not everyone on the residential unit had a PRN protocol in place where necessary. We discussed this with the deputy manager and were assured this would be rectified.
- Pain charts and assessments were in place for those needing pain medicines and correct administration of these was observed. Staff checked if people needed any pain relief. One person said, "The night staff are very good at asking me if I need any pain killers during the night."

Preventing and controlling infection

- Staff had access to personal protective equipment, such as gloves and aprons and were using these appropriately. Visitors we spoke with were impressed with the cleanliness of the home.
- The home had been awarded five stars for food hygiene by the food standards agency inspection. This is the highest award that can be made. Systems in place to ensure food was being prepared, stored and served safely were effective.
- The home was clean, tidy and odour free. Regular hand hygiene audits helped control the spread of infection.

Learning lessons when things go wrong

- Following an incident with medicines the provider had introduced additional checks and counts of medicine stocks held by people who chose to self-medicate. Medicine audits were carried out every three months by a nurse.

Is the service effective?

Our findings

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

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

Supporting people to eat and drink enough with choice in a balanced diet

- People had a superb dining experience on all days of our inspection. We observed attentive staff presenting people with a selection of meals, asking if their earlier choices remained the same. There was a peaceful atmosphere during meal times with appropriate background music playing.
- Menus were varied, all food was homemade and nutritional needs were carefully monitored by staff to ensure people remained healthy. One person's health had improved since coming to live at St Joseph's as they had put on weight and care records confirmed this.
- People's individual dietary and cultural requirements were catered for. The chef told us, "I am fully informed of peoples dietary needs and special medical conditions." They were given information about people's different dietary requirements, for example low fat, gluten free and diabetic diets.

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

- People received good oral healthcare and the home worked in partnership with health professionals to help with this. The home had participated in a pilot scheme with the oral health improvement team. Training had been delivered to staff and people had received mouth screenings, dental checks and dental treatment.
- A GP was based on site one day a week in the home to deal with any ongoing health concerns or sudden illness. The home was proactive in addressing any ailments people had.
- People were referred to a range of community health care services. These included speech and language team (SaLT), tissue viability nurses, dietician, district nurses, dentists, podiatrists and opticians. One person told us, "I have seen the optician this week. I only asked about it last week; that's good I think."

Staff support; induction, training, skills and experience

- The Care Certificate formed part of the induction programme for staff. The Care Certificate is a nationally recognised qualification covering fifteen standards of care for those staff new to health and social care.
- People were effectively supported by well trained staff. Staff completed mandatory training and training in specific health conditions, for example Parkinson's disease and dementia.
- Staff members we spoke with told us how supportive the registered manager and other senior managers were. Comments from staff we spoke with included, "I love working here; we all work here for the same reason - to improve lives."

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

- The home had ensured new features of the environment kept people safe. Sections of the home were

colour coded to help people orientate around the home. Handrails were provided on wide corridors and flooring had contrasting edges, to help people who were partially sighted.

- People who used equipment to help them move around the home were now able to use their en-suite facilities, as these were bigger. The home had taken time to source the right equipment to improve people's care experiences.
- People now had access to a new roof-top garden area on the first floor. The official opening of this had been celebrated in early August and photographs of people enjoying the new outside space featured on the home's website. People told us they were looking forward to spending time in the fresh air when the weather improved. People liked to spend time sitting and reading in the library. This popular area of the home had been made larger to facilitate this.

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

- The registered manager or a unit manager completed a full assessment before offering people a place at St Joseph's Manchester. One person told us, "I had a meeting with [the registered manager] for quite a few hours. She came out to see me."
- The assessment used a dependency scoring system to indicate whether a residential or nursing care placement was more appropriate. People were assured they would receive the right care from experienced staff, trained to meet their individual needs.
- A thorough social history was gathered from people and their relatives, including significant life events, hobbies and interests and any religious, spiritual preferences.

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.

- Care plans indicated best interest decisions made where people were deemed not to have capacity.
- Family representatives were involved in these decisions and the least restrictive options were adopted. Decisions centred around maintaining a person's safety, preventing falls and assisting people with meals.
- People were involved in discussions about their care. We saw consent forms in care plans signed by the individual where possible, or a relative with the appropriate legal authority, such as lasting power of attorney.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People's physical, emotional and social needs were met exceptionally well by staff who delivered personalised and compassionate care. People and their relatives repeatedly told us about staff 'doing over and above' and 'going the extra mile', such as bringing people little gifts, doing people's shopping and getting wool for a person who enjoyed knitting. People were helped to regain their sense of purpose; people were nurtured by staff and they told us it made them feel special.
- Without exception, everyone we spoke with praised the kindness of all staff and were enthusiastic about how caring they were. People told us, "Staff are careful and cheerful; I'm very lucky", "Nothing is an effort for staff" and "They [staff] have this tremendous respect for us. They are always smiling." Staff constantly engaged with people in an extremely positive way which resulted in lots of laughter and enjoyment.
- People valued their relationships with the staff team and consistently told us about the excellent care they received. Our observations and conversations with staff supported their commitment to the home's caring ethos. Words such as 'blossomed' and 'flourished', were used by relatives to describe how family members had developed and thrived since moving into St Joseph's – Manchester.
- Relatives referred to the relationships established with staff as 'genuine' and these relationships sometimes continued after family members had passed away. One relative told us about the warmth and care extended to two family members who had lived in the home together for a short time. Following the death of one, the other person had been comforted in an extremely calm and dignified way through the grieving process. The relative explained how the family had also felt extremely well supported by staff. Another family had been invited to plant a tree in the home's garden in memory of a loved one. The care and support extended by the service to family members of people who had passed away was an immense comfort and was greatly appreciated.
- Faith was extremely important to many people living at St Joseph's and staff respected people's beliefs and wishes. People were able to follow their faith, attend chapel and pray when they wished, supported by staff who went out of their way to meet people's religious needs. The service respected people's diversity and offered the same level of support and care to people who followed other faiths, or chose not to practice the Catholic faith. One person told us, "It's very homely here and everybody counts." People were treated as equals and other faiths were embraced. There was no indication people protected under the characteristics of the Equality Act would be discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, religion or belief, race and age.

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

- People were empowered by staff who recognised the importance of friends, advocates and people's

support networks. One person told us about the support they received from staff in writing and sending cards and letters to long-standing friends. They greatly appreciated this help as it meant meaningful relationships built up over many years could continue.

- People knew who their key worker was and spoke extremely highly of them. One person told us about their key worker and said, "She is absolutely valuable. I'm very lucky to have her." Key workers made people feel special. One key worker delivered a mid- morning pot of tea with a snack to a person. The key worker knew the person's preferences but still checked and obtained permission before carrying out tasks.
- Staff were discreet and professional when dealing with emotive subjects. They listened to people's wishes. One person told us about the care and support they had received following the death of a close relative and said, "They [staff] were absolutely wonderful. They were all so supportive."

Respecting and promoting people's privacy, dignity and independence

- The consideration of people's privacy and dignity was at the forefront of staff practice. The home went to great lengths to enable two siblings who had lived together all their lives to stay together. Larger bedrooms next door to one another with a communal sitting area allowed for privacy, dignity and a degree of independence. Following the passing of one, the other person told us about the respect and love shown by the home and how important this had been to them. The home turned a negative experience of care into a positive. People experienced excellent feelings of wellbeing.
- The home placed people's privacy, dignity and independence at the heart of the service and people we spoke with recognised this. Maintaining independence was a clear focus of the service. One person explained to us how living at St Joseph's - Manchester had helped them to regain their confidence as staff were patient and kind and they didn't feel rushed.
- Staff were attentive to people's needs but respected their independence. Support was offered only when staff felt this was needed. Words of encouragement were offered to people, for example during meal times. A member of staff said to a person, "You've done very well; should I help you with the rest?" People enjoyed their independence but were appreciative of staff being there when help was needed.
- There was an exceptionally strong person-centred culture in the home, with staff making sure people were treated with the utmost dignity and respect. We heard and observed respectful behaviour from all staff during this inspection, constantly offering people words of reassurance and praise. This respect was also extended to visitors, other professionals and the inspection team.
- There was plenty of space for people to spend time alone or with family members, and people were able to socialise with others. Staff knew people's favourite places and where they liked to spend their time. They told us one person liked to visit the grotto in the garden as it was their 'peaceful place'.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

End of life care and support

- The approach to and delivery of care and support for people at the end of their lives was exceptional. The home also extended support and hospitality to people's relatives and friends, providing much needed comfort at a difficult time. One relative we spoke with could not praise the home enough for the support offered to them and others following the bereavement of a family member. People described to us how respectful staff were following the death of an individual. One person said, "It uplifts us. It does help when you see that people have been well thought of."
- The home regarded faith as an integral part of end of life care especially as faith was extremely important to most people. The service was extremely responsive in ensuring people's religious needs were met. The Sisters and Fathers made themselves readily available to people and people were able to watch mass live on a bespoke television channel, as this was filmed and streamed through. Relatives we spoke with told us a family member had been very poorly. Watching mass on the television in their room had given both the person and relatives a sense of peace and comfort at a difficult time.
- Assistance was sought from district nurses for residential clients approaching the end of their lives. A company trainer provided face to face training for staff and there were distance learning opportunities. Feedback we received from a health professional was excellent. They considered that palliative and end of life care delivered by the home was 'managed beautifully' with respect, dignity, comfort and compassion.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The home excelled at supporting people maintain relationships that were already important to them. It also helped bring people together and form new friendships often, though not exclusively, through shared beliefs and a strong faith. One person told us, "I have four friends that I sit with." Another told us how they had met up with past neighbours and friendships had been rekindled. People consistently used the word 'family' to describe relationships between other people and staff in the home. There was an extremely strong community feel about the home.
- Without exception, people said they took part in, and enjoyed, a wide range of activities. As it hadn't been possible for everyone to make a trip to Blackpool the registered manager and staff at St Joseph's – Manchester had got innovative and creative. They organised for Blackpool to come to the home, going to great lengths so that people felt they were really at the seaside. A beach had been created on the stage of the hall and people wore kiss me quick hats. Even the menu on the night reflected the seaside favourite of fish and chips. Everybody we spoke with enthused about the night of fun they had recently enjoyed and the memories this had evoked.
- The registered manager advocated keeping minds healthy to help promote good physical health and

people we spoke with agreed. People told us, "We are very fortunate. People come to entertain us", "We have all sorts of activities going on" and "There's always something going on." People pointed out to us that there was no pressure to join in. One person said, "[Activities are] not my scene. I just chat." Another told us, "You can sit and relax if that's what you prefer."

- One-to-one sessions were planned for those that needed additional support. One person enjoyed doing tapestry. We saw they had been given a room large enough to accommodate a frame and all the accessories required for this. Members of the whole staff team were seen actively engaging with people. The buzz of conversation and laughter was heard throughout this inspection.
- Staff ensured that activities were inclusive to all and made them social occasions. We joined a group of people enjoying a quiz, where everyone present was involved or asked their opinion once questions were answered. There was lots of laughter and gentle banter between people. Some of the answers generated further discussion. For example, after a question about the Titanic someone talked about a documentary they had watched and shared interesting facts with the group.
- The staff and volunteers were exceptional at helping people to maintain and develop relationships with their families, friends and the wider community. There was a real sense of community in the home; people and their relatives told us they felt part of it.

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

- The service provided an exceptionally personalised service for individual people that met their specific needs, preferences and wishes. People were involved in drawing up their care plans, based on an assessment of need, and plans also contained thorough life histories and detailed preferences for care and daily life.
- Staff were extremely knowledgeable about people's routines and interests which helped them provide highly person-centred care. Staff knew for example, that one person liked their independence and wanted to self-propel their wheelchair around the home. The person had developed a unique way of doing this and staff were vigilant in making sure the person remained safe.
- The registered manager organised the purchase of specialist equipment so that people had a good quality of life and staff could best meet their needs. There was continual assessment of need and regular review. People considered the quality of their care to be 'second to none'.

Meeting people's communication needs

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care workers were provided with the information they needed to provide the right support for people. Care plans containing a coloured front sheet alerted staff about people's specific communication needs and how best to respond.
- Staff were aware how to interact with people in the way that best suited their needs. One care plan indicated that care staff should use simple language and short sentences. Staff knew how to best communicate with the person so that they understood and could respond. The person felt included and involved in their care.
- The library contained a good selection of talking books, easily accessible to all. These were well used by individuals with poor vision and care plans reflected this.

Improving care quality in response to complaints or concerns

- Everyone we spoke with knew how to make a formal complaint but had not needed to.

- The service used surveys as a way of improving the quality of care. In one survey a person had expressed concerns about not being able to reach a nurse call bell in the event of an emergency. The person had been provided with a neck pendant. The service constantly strived to provide people with a sense of security and safety and achieved this, as everyone we spoke with confirmed they felt safe and had no anxieties.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We found high levels of experience, capacity and capability with all leaders of the service and at all levels. The management team were fully aware of the inspection process and demonstrated a thorough knowledge of the service, independent of the registered manager. Without exception, staff said they could approach the registered manager or any other member of the management team for advice and support, as the home operated an open-door policy.
- Faith was extremely important to many people living at St Joseph's- Manchester. The service promoted an extremely person-centred approach in meeting people's physical and emotional needs, whilst recognising and acknowledging all faiths and beliefs. The service was inclusive to all, including the outside community, and everyone was encouraged to live their lives well. People and their relatives were consistent about the positive impact the service had made to their wellbeing since moving in to the home.
- The values and practice of staff mirrored the home's ethos of placing people's well-being at the centre of the service. People told us there was excellent team work within the service and our observations and conversations with staff confirmed this.

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

- Meetings were held for residents and relatives so that they were able to offer feedback and influence change. People were empowered and enabled to take control of shaping the service they received. Actions taken by the home following meetings, surveys and feedback demonstrated a commitment to working in partnership with people. For example, the innovative and creative 'Bringing Blackpool to St Joseph's' event recently held in the home. People we spoke with were extremely positive about the home involving and engaging them and people told us they felt valued, as suggestions they had made were acted upon.
- The service engaged with people, their families, staff and professionals that visited the home. A recent survey of professionals had resulted in six responses. All were positive and included comments such as, "Excellent care. Friendly staff. Residents happy." From speaking with people, relatives and friends it was clear that their thoughts and ideas were acted upon and change was implemented if this was necessary.
- The registered manager continued to motivate and inspire the strong, cohesive staff team. Staff understood how their roles contributed to the delivery of excellent quality care. Some staff had worked at the service for many years, showed great admiration and respect for the registered manager and identified with the values of the service. The staff recognised the importance of continuity of care for people and like the registered manager were committed in helping deliver this.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was open and honest and proactive in reflecting on incidents and sharing learning across the service. There was a well-established and fully embedded governance and quality assurance framework in place. The registered manager had an excellent understanding of their role in ensuring good governance and compliance with relevant legislation.
- People continued to benefit from a long-serving and well-established management team. The registered manager was consistently well supported by a deputy manager, a personal assistant and unit managers.
- Seeking the views of people, their relatives and other health and social care professionals was also a fundamental aspect of quality-assuring the services provided. Based on this feedback, one focus had been to develop the fabric of the home to meet the needs of current and future users of the service, prioritising their interests and expectations.

Working in partnership with others

- The registered manager and staff were highly committed to working collaboratively with professionals outside the service to achieve people's goals and outcomes. The registered manager consistently looked to improve people's quality of life with these partnerships. Collaboration with the oral health team meant that people's dental care needs were fully explored and met. The oral health team had also delivered training to staff and provided resources to the home.
- Funding for the building improvements had been possible due to a grant, sourced by the registered manager, to help improve people's lives. New equipment for the refurbished rooms, such as the shower chairs, had been sourced by the registered manager with input from people who would be using it, to ensure it met their needs and maintained their safety.
- The registered manager fostered excellent links with the local community, assisted by staff and volunteers, including links with other churches. The provider worked in partnership to improve people's wellbeing. For example, external groups such as school children and young adults on summer camp, attended the home to provide entertainment, to engage with people and learn from them. People who used the service were kept up to date and involved in life and events happening in the local area and from around the world in other Little Sisters of the Poor homes.
- The registered manager and senior staff worked in partnership with the local authority, attending forums and steering groups. The home had recently completed a self-assessment tool for the local authority. This audit tool covered aspects of care and management of the service, including safeguarding, infection control, equality and diversity and health and safety. Following a quality monitoring visit by the local authority St Joseph's – Manchester had been awarded 40 points, the maximum score achievable. The local authority deemed the home to be operating to a very high standard.
- Opportunities to improve care were explored and the home regularly volunteered to participate in pilot projects run by commissioners, for example the 'red bag' scheme, used to inform health professionals about a person's individual needs on admission to hospital.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Professionals we approached for feedback about the service judged there to be an open and honest culture in the home. They told us staff had engaged in training sessions and had questioned processes and policies when unsure.
- Staff demonstrated a high value base, particularly around dignity and respect for diversity. These mirrored the core values of the provider, originally established by the founder. Staff were encouraged to reflect on their values and practice, for example during supervision.
- Accidents, incidents and untoward events were fully investigated, and positive action taken to reduce the

likelihood of such events occurring again in future.

Continuous learning and improving care

- The service was moving to electronic care planning systems. This improvement was already established in other homes in the group. Staff were apprehensive about the changes, but the service was working in collaboration with staff to ensure confidence and a smooth transition.
- One of the provider's objectives is to welcome older people into a family-like home with understanding and mutual concern. The service achieved this, demonstrating an ongoing commitment in improving the care people received both throughout their lives and at the end of their lives.
- The registered manager along with the whole staff team were committed to providing exceptional care and support to people who used the service and their relatives. A relative we spoke with told us how the home met their family member's care and spiritual needs. People were extremely grateful of the love and care shown to them. One person considered the home to be "second to none" and another person told us, "I feel that God has directed me to the right spot."