

Forest Pines Care Limited

St Joseph's Nursing Home

Inspection report

Manor House
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Essex
CM3 4JQ

Tel: 01245223367

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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

The Inspection took place on the 19 December 2016.

St Joseph's Nursing Home provides accommodation and personal care with nursing for up to 41 people some of whom may require palliative care. At the time of our inspection 31 people were using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was dispensed by staff who had received training to do so.

People were safeguarded from the potential of harm and their freedoms protected. Staff were provided with training in Safeguarding Adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager knew how to make a referral if required to the local authority

People had sufficient amounts to eat and drink to ensure that their dietary and nutrition needs were met. People's care records showed that, where appropriate, support and guidance was sought from health care professionals, including GPs, palliative care, dieticians and occupational therapists.

Staff were attentive to people's needs. Staff were able to demonstrate that they knew people well. Staff treated people with dignity and respect.

People were provided with the opportunity to participate in activities which interested them. These activities were diverse to meet people's social needs. People knew how to make a complaint and complaints had been resolved efficiently and quickly.

The service had a number of ways of gathering people's views including using questionnaires and by talking with people, staff, and relatives. The registered manager carried out a number of quality monitoring audits to help ensure the service was running effectively and to drive improvements.

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.

People felt safe at the service. Staff took measures to keep people safe.

Staff were recruited and employed after appropriate checks were completed. The service had the correct level of staff on duty to meet people's needs.

Medication was stored appropriately and dispensed in a timely manner when people required it.

Is the service effective?

Good ●

The service was effective.

Staff received an induction when they came to work at the service. Staff attended various training courses to support them to deliver care and fulfil their role.

People's rights were protected under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People's food choices were responded to and they were supported with their nutritional choices.□

People had access to healthcare professionals when they needed to see them.

Is the service caring?

Good ●

The service was caring.

People were involved in making decisions about their care and the support they received.

Staff knew people well and what their preferred routines were. Staff showed compassion towards people.

Staff treated people with dignity and respect.

Is the service responsive?

Good 

The service was responsive.

Care plans were informative and individualised to meet people's needs.

There were varied activities to support people's social and well-being needs. People were supported to access the local community.

Complaints and concerns were responded to in a timely manner.

Is the service well-led?

Good 

The service was well led.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards and to drive it forward.

St Joseph's Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 19 December 2016 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During the inspection 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.

During our inspection we spoke with eight people, four relatives, the registered manager, deputy manager, two nurses, four care staff, and the chef. We reviewed four care files, four staff recruitment files and their support records, audits and policies held at the service.

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said, "I like living here." Another person said, "No reason not to feel safe here." A relative told us, "The staff are very good here."

Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were able to identify how people may be at risk of harm or abuse and what they could do to protect them. One member of staff said, "If I feel people are unsafe I would go straight to the manager no problem, even if I was wrong it's best to be cautious." Another member of staff said, "I would report my concerns to the manager if not taken seriously I would go to social services or the police." Staff were aware that the service had a safeguarding policy to follow and a 'whistle-blowing' policy. One member of staff said, "There is a 'whistleblowing' policy where we can report anything and know it will be treated confidentially, there is also a number we can ring, but I don't think anyone has had to use it." The registered manager clearly displayed information on a service called 'Ask Sal' which is an independent helpline for staff, people or relatives to call if they had any safeguarding concerns.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. These assessments identified how people could be supported to maintain their independence. The assessment covered preventing falls, moving and handling, nutrition assessments and prevention of pressure sores. There were also risk assessments in place to maintain a safe environment for people and risk assessments for use of equipment such as bed rails. People had personal evacuation plans in place for staff to follow in an event of a fire should people need to be evacuated. The registered manager also told us of the emergency contingency plan they had in place should the service ever need to be evacuated. This included the use of other services and emergency telephone numbers. This demonstrated the service had considered how to keep people safe in an untoward event.

People were cared for in a safe environment. The manager arranged for the maintenance of equipment used including the hoists, and fire equipment and held certificates to demonstrate these had been completed. For general maintenance at the service the registered manager employed a maintenance person. A relative said, "They have recently done a lot of work here redecorating and putting down new floors, it all looks very nice," The registered manager told us that there had been refurbishment over the last year including redecoration and the purchase of new curtains and furniture throughout the service. In addition there were plans to continue with this work as well as with some remodelling of the layout of the service to add more rooms with en-suite facilities.

There were sufficient staff to meet people's needs. The registered manager told us that they had recently recruited more care staff and that recruitment was on-going. Although the service did use agency staff at times, they used the same staff for consistency. The deputy manager closely monitored the use of agency staff to ensure that they worked to the standards expected at the service and any issues were addressed with the agency. A relative told us, "The staffing here is good, they seem to work on a higher ratio than at other homes we have used." Staff told us that they felt there were sufficient staff for them to carry out their duties without feeling rushed.

The registered manager kept staffing numbers under review and measured peoples' needs using a dependency tool. Higher staffing levels were utilised to support people during busy periods such as in the morning. The registered manager employed a large staff team which included nurses, care staff, activity person, cooks, kitchen staff, laundry staff, house keepers, gardener, maintenance person and administration staff. Any shortfalls in staffing was covered by regular staff working extra shifts, bank staff and regular agency staff. One member of staff told us, "We rarely use agency now and we can work extra hours if we want. I usually work one extra shift a week."

The registered manager had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, checking gaps in employment history, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS).

People received their medications as prescribed. Qualified nurses who had received training in medication administration and management dispensed medication to people. We observed part of a medication round and saw that the nurses wore a tabard asking not to be disturbed whilst they dispensed medicines. The nurse checked the correct medication was being dispensed to the correct person by first checking the medication administration record and by talking to the person. The nurse explained to the person what the medication was they were taking and the nurse checked if they required pain medication and supported the person to take their medication. When people needed additional medication this was clearly care planned and recorded on the medication charts. If people refused medication or withdrew their consent to take medication staff had protocols to follow including making sure the GP was informed to review the person.

We saw regular audits were carried out on medication and any issues addressed. In addition the pharmacy provider carried out their own audit each year and identified any areas staff needed to address. The service had procedures in place for receiving and returning medication safely when no longer required. They also had procedures in place for the safe disposal of medication.

Is the service effective?

Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. Staff told us that they had been supported to achieve nationally recognised qualifications in care. One staff member told us, "I am currently doing an NVQ level 3 it's going okay and I get plenty of support from my assessor." People we spoke with all said they felt the staff were well trained and good at their jobs. We saw that training had been planned for the next year to keep staff up to date with their skills. One member of staff said, "I have been impressed with the training, they get you up to speed very quickly." Another member of staff said, "The training support has been very good, I have recently up dated my training on tracheotomy care and use of syringe drivers."

Staff felt supported at the service. New staff had an induction to help them get to know their role and the people they were supporting. One member of staff said, "I worked with the deputy manager every day for the first week." The registered manager or deputy manager met regularly with new staff during their probation period, to check how they were performing and to see if they required any additional support or training and to make sure they were suitable for the role. New staff were enrolled into completing the Care Certificate. These are industry best practice standards to enable staff who are new to care to gain the knowledge and skills required to support them within their role. A new member of staff told us, "I am doing the Care Certificate it is a good way of putting theory and practice together." Staff also received support through regular supervision and appraisals. The deputy manager told us that they did individual supervision with staff as well as group supervision. In addition to this staff also had regular meetings to discuss the running of the service.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards (DoLS). 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. Staff understood how to help people make choices on a day to day basis and how to support them in making decisions. We saw that staff were very proactive in supporting people with making their own choices. People at the service mostly had the capacity to make their own decisions. Care plans in place for staff to follow, focussed on giving people choice and in supporting them to make their own decisions. Where assessments indicated a person did not have the capacity to make a particular decision, there were processes in place for others to make a decision in the person's best interests. We also saw from care plans where people had varying levels of capacity due to their illnesses the deputy manager had recognised this and had mental capacity assessments completed. This told us people's rights were being protected.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager understood their responsibilities and where appropriate had made applications under the Act and had followed these

applications up with the local council to ensure they were being processed. This told us people's rights were being safeguarded.

People said they had enough food and choice about what they liked to eat. People we spoke with were complimentary about the food at the service. One person said, "The food is delicious I like everything, You can have what you want or they will cook you something different from the menu." Another person said, "I like the home made cakes." People told us that kitchen staff asked them every day what they would like to eat. We saw that people had access to drinks and snacks and that everyone had drinks within reach of them. We noted staff were very conscientious at recording what people had eaten and drank.

We spoke with the chef who told us that they catered for people's special dietary needs, these included providing soft diets and fortified food to help people maintain adequate nutrition. The chef consulted with people when changing the menu to see what people had preferences for. The chef had also organised smoothie tasting sessions with people to see what combinations people preferred to be added to the menu. Smoothies are a good way for people with a reduced appetite to receive a fortified nutritional intake.

Staff carried out nutritional assessments on people to ensure they were receiving adequate diet and hydration. Staff also monitored people's weight monthly for signs of loss or gains and made referrals where appropriate to dieticians or speech and language therapists. The deputy manager told us that they had a good relationship with the community dietician who provided advice on individual people's dietary needs.

People were supported to access healthcare as required. The service had good links with other healthcare professionals, such as, palliative care specialists, mental health services, chiropodist, and GPs. The deputy manager told us that the GP attended the service weekly to see people and carry out reviews. This meant that all people living at the service were reviewed at least once a month. In addition to this the GP saw any new admissions within 24 hours to review their care and to ensure they were receiving the correct pain medication. The registered manager told us that the close links they had with the GP had worked well to avoid hospital admission for people. A relative said, "I wanted to see the GP to discuss [relative's name] care and the staff arranged this for me." If people needed to attend health appointments outside of the service this was arranged for them. One person said, "The staff went with me to a hospital appointment last week, it was all very well organised."

Is the service caring?

Our findings

Staff provided a very caring environment. Throughout our observations there were positive interactions between staff and people. One person told us, "The staff are kind and friendly, they try and make your stay feel like home." A relative told us, "The staff are extremely friendly and chatty."

The service had a very calm and relaxed environment. We saw that staff were open and friendly with people, throughout our inspection. Staff were unrushed in their interaction with people and took time to make sure their needs were met. We observed that staff stopped and talked to people making eye contact and adjusting themselves to the person's eye level to see if they could give them any assistance. People and staff showed a genuine fondness and shared jokes. We noted staff were very good at communicating with people and helping them to stay calm, for example one person would repeat the same three statements, staff responded to these every time as if it was the first time they had said it. We noted this stopped the person becoming distressed.

Staff knew people well including their preferences for care and their personal histories. People were supported to spend their time at the service as they wished. For example staff knew who preferred to spend their time in their rooms and who liked to socialise with others. Staff knew people's preferences for carrying out every day activities for example when they liked to go to bed and when they liked to get up. One person told us, "The staff know how I like to be looked after and if they don't I tell them."

People and their relatives were actively involved in making decisions about their care. One person said, "The staff went through everything with me and what help I need." A relative told us, "The staff are very good at communicating we discussed everything before [relative name] came here." We saw from care records that support plans were regularly updated and changed to meet peoples changing needs. Qualified nurses were allocated as key workers for people and they reviewed each person's care needs with them.

People's diverse needs were respected. People had access to individual religious support should they require this and people could attend church if they wished. One person said, "The minister comes to see me and I have lots of friends from the church coming in." People told us that staff respected their privacy and dignity. We observed that peoples bedrooms doors were closed when they were receiving personal care and a notice hung outside the door, letting staff know not to disturb them.

Relatives told us they visited at all different times of the day without any restrictions of visiting times. We also saw that people had their own telephones or used mobile phones, one relative told us, "[relative name] calls us all the time and we come to visit."

Is the service responsive?

Our findings

The service was responsive to people's needs. People and their relatives were involved in planning and reviewing their care needs. People were supported to have individualised care, including looking after their social interests and well-being.

The deputy manager told us that they met with people when they were referred to the service to discuss their care needs and to see if they could be met by the service. People and their relatives were also encouraged to visit the service to see if they felt it would be suitable for them. One person said, "My daughter came and looked around, it was the best place they had seen, with nice surroundings and quite close for them to visit." The deputy manager told us that once it was agreed a person would be moving to the service they completed an initial care plan of their support needs and how they wished to be supported. In addition to this before people were admitted the deputy manager ensured that they had all the equipment in place people required such as pressure relieving equipment or the correct type of bed. People were allocated a key worker who then ensured that their care needs were being met and that their care plan was up to date. From care plans we reviewed we saw that they were person centred and clearly identified people's preferences, individual support needs and were regularly reviewed. This told us that the care provided by staff was up to date and relevant to people's needs.

The service was responsive to people's needs. The registered manager was very prompt at getting support from allied health professionals when people required it. For example when one person was admitted with poor mobility they accessed help from the community Occupational Therapist (O.T) and Physiotherapist. With their support they managed to support the person regain some of their lost mobility to aid their continued independence. The deputy manager told us another example of a person who had poor posture and found it difficult to support their body when sitting, the community O.T assessed them and arranged for a specialised wheelchair that could support them when sitting. This meant the family were able to take the person out in the wheelchair and maintain access to the community.

People were encouraged to follow their own interests at the service or in the community. People were supported to keep community contacts and to remain in touch with friends and family. One person said, "[staff name] takes me out to see my brother." Another person told us how they attended a Tai chi class in the community. A member of staff told us, "People often go out with their families."

People told us that they had their own hobbies that they liked to follow, one person said, "I like watching television or reading books." Another person said, "There is always something going on if you want to join in." A relative said, "The entertainment officer is very good here at getting everyone involved."

The registered manager had a robust complaints process in place that was accessible and all complaints were dealt with effectively. People and relatives said if they had any concerns or complaints they would raise these with the manager. We saw where complaints had been raised these had been dealt with quickly and effectively. Staff knew how to support people with making complaints.

Is the service well-led?

Our findings

The service had a registered manager, who was very visible within the service and encouraged an open door policy for staff, people and relatives. The manager had a very good knowledge of all the people living there and their relatives.

Staff shared the manager's vision and values at the service, one member of staff told us, "We want to make people as comfortable as possible and pain free." Another member of staff said, "We want to give people a happy and safe environment."

People benefited from a staff team that worked together and understood their roles and responsibilities. One member of staff said, "It's a lovely place to work, we all work together as a team." Staff felt well supported by the management and had regular meetings with them. One member of staff said, "The manager and deputy are always here and you can ask them anything, they are very hands on." Staff had regular meetings to discuss the running of the service and to share ideas. The deputy manager told us that the provider listen to staff feedback and that when they made suggestions to change some new paperwork that had been implemented this was listened to and acted upon. Staff handed over information between each shift and used communication books to record important information in addition to people's care records. This demonstrated that people were being cared for by staff who were well supported in performing their role.

The registered manager gathered people's views on the service through regular meetings with relatives and people. During the meetings they gained people's views on the service and any suggestions they had. The registered manager and deputy manager also gathered people's views on the service on a daily basis through their interactions with people. The service also sent out questionnaires to gain opinions and feedback on how it was running. When the registered manager reviewed the questionnaires any issues raised were then addressed as appropriate. A relative we spoke with said, "I have just completed the latest questionnaire and returned it in the post." One person told the deputy manager that they wanted a new mattress and this was arranged immediately. This showed that the management listened to people's views and responded accordingly, to improve their experience at the service.

People's confidential information was stored securely, so that only appropriate people had access to the information. The registered manager followed their disciplinary procedures and dealt with staff poor performance appropriately.

The registered manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. They carried out regular audits, for example, on people's care plans, medication management, accident and incidents, health and safety, and environment. This information was used as appropriate to continually improve the care people received.