

Hazelwood Care Limited

St Joseph's Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

St Joseph's Care Home is a care home registered to accommodate a maximum of 19 older people with dementia. On the day of this inspection there were 16 older people with dementia living in the home.

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

While improvements had been made to the environment and fire safety of the premises, we still found that fire safety needed further attention to ensure people who used the service were safe in the event of a fire. The service had systems to protect people from the risk of abuse and improper treatment. Staff managed people's medicines well and kept the home clean and tidy.

People were cared for by staff who were well supported and had the right skills and knowledge to meet their needs effectively, following good practice guidance. Staff supported people with their healthcare needs and worked well with external healthcare professionals. The service met people's nutritional needs and worked with them to make sure food provision also reflected their preferences. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated well, with kindness and compassion by staff who respected their privacy and dignity and promoted inclusion. The service supported people to be independent and to regain life skills. We received positive feedback about the caring approach of staff.

People's care and support had been planned in partnership with them. Staff knew people well and supported them in line with their current needs and wishes. Staff were knowledgeable about people's likes, dislikes and personal preferences.

The management team were dedicated to improving the ongoing care and support people received and spoke of plans to further improve the service. Quality audit processes were in place and were generally effective. They had identified that fire doors did not ensure people were safe in the event of a fire. However, the risk to people was still present during the day of our inspection and work to the fire doors had not commenced. Both people and staff had confidence in the management team and staff felt valued and well supported. This had resulted in a positive, encouraging and supportive culture within the home.

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

Rating at last inspection (and update) The last rating for this service was requires improvement (published 23 January 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

St Joseph's Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked 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 carried out by one 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 Care Home 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since our last inspection. We also sought feedback from the local authority who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. This information helps to support our inspection. We used all of this information to plan our inspection.

During the inspection

We spoke with ten people who used the service and one relative about their experience of the care provided. We spoke with five members of staff including the registered manager, the deputy manager, care workers and the chef. We spoke with one visiting professional.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, staff and service users' minutes of meetings, quality assurance data and reports from visits undertaken by the London Fire Brigade.

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 Requires Improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- During our previous inspection we found that the provider was in breach with Regulation 12 of the Health and Social Care (HSC) Act (Regulated Activities) Regulations 2014 (Safe care and treatment). During this inspection we found that the service had taken appropriate actions to address the deficiencies we found within the fire safety of the property and maintenance of the environment.
- However, as a result of reviewing the fire risk assessment in March 2019 and a letter received from the fire risk assessor who found that the fire doors throughout the property did not meet Regulatory Reform (Fire Safety) Order 2005, we judged that the safety of people who used the service was not maintained in the event of a fire. The registered manager advised us during our inspection, that the registered provider had contacted various contractors to obtain quotes for the replacement of fire doors. However, a decision had not been agreed by the day of our inspection.
- Following our inspection, we contacted the London Fire Brigade (LFB) to visit the service and assess the current fire safety. The LFB visited on 16 October 2019 and issued a notification of deficiencies which required the provider to increase staffing to three waking night staff until all fire doors were replaced with a time scale of eight weeks for the works to be completed.
- We were contacted by the registered manager on 17 October 2019 and were advised that a contractor to replace the fire doors had been agreed and work was to start in due course and staffing had been increased during the night to three waking night staff until the work was completed.
- Risks associated with people's care were detailed in Individual risk assessments so that staff had the information they needed to provide safe and consistent care to people.
- People had personal evacuation plans which meant staff had an overview of what support each person would require if they needed to leave the building in an emergency.
- Checks of the home environment and equipment were made to ensure it was safe for people who lived there. This included fire equipment checks, water temperatures, electrical appliances and equipment people used.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the service. One person told us, "It's a nice place and I am happy and safe here."
- Staff were aware of safeguarding responsibilities and procedures. We saw examples of the service working together with social services to ensure people were protected.
- Staff had confidence in the registered manager to address any concerns. One member of staff said, "If I would notice anything unusual I would talk to [manager's name], he will sort it out."

Staffing and recruitment

- St Joseph's Care home had a low staff turnover and staff knew people well. People and relatives told us that there were enough staff around to meet their needs. One person said, "I like the staff, they always help me when I ask them."
- Staff confirmed this and told us if shifts needed covering at short notice, this was usually provided by the service's regular staff.
- Thorough recruitment checks were followed. These helped to ensure new staff were suitable to work with people who may be vulnerable as a result of their circumstances.

Using medicines safely

- People told us they received their medicines on time and were happy with the way staff supported them with this.
- The management of people's medicines was safe and effective. We checked the stock levels of different people's medicines and found they matched records.

Preventing and controlling infection

- The service was well presented, clean and hygienic.
- Staff followed infection control procedures, and promoted good hygiene keeping within the service. We observed staff using and wearing appropriate protective clothing such as single use gloves and aprons when supporting people who used the service.

Learning lessons when things go wrong

- The registered manager critically reviewed incidents and events and determined if improvements were needed.
- Changes to practice were made where incidents and events had highlighted shortfalls or risks in the delivery of the service. An example being that risk assessments had been reviewed following an incident affecting a person and clinical advice was sought to reduce similar incidences from happening in the future.

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.

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

- Comprehensive assessments of people's needs were carried out before people began using the service.
- People's diverse needs were detailed in their care plans and met in practice. This included support required in relation to their culture, religion, lifestyle choices, diet and gender preferences for staff support. For example, one person required a specific diet due to their religious background. We observed that this was accommodated, and records viewed confirmed this.
- People were involved in making every day decisions and choices about how they wanted to live their lives.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively.
- Staff completed an induction before they started working with people. A full package of training was completed by staff during their induction and then refreshed yearly. Supervision and appraisals were completed in line with the provider's policy.
- Staff told us they felt confident in their roles. They gave positive feedback about the training they completed. Feedback from a recent staff survey showed that staff were satisfied with the training and support provided.

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

- Staff engaged and communicated with other professionals and informed them when people's needs changed to ensure they received effective care and support. Guidance provided by dietician and speech and language therapy (SALT) team had been followed.
- Staff supported people to meet their nutritional needs. This included assisting people to eat and drink whenever this was required. People told us they enjoyed the meals. A relative told us, "The food is good, my relative seems to enjoy it and he has put on weight."
- Each person's care plan detailed any particular likes or dislikes, and these were respected by staff who also understood the importance of offering people choice in what they had to eat and drink. For example, one person liked the food presented in a particular way and staff explained this to us and clearly understood and respected the person's requirements.

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

- Visits from healthcare professionals were clearly recorded with any instructions for care and treatment which staff had followed.
- One healthcare professional gave positive feedback about the service. They told us the registered manager was consistent and staff were good at ensuring records were kept up to date. They also said communication was good within the staff team and people always appeared well cared for.

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

- During our last inspection we found several shortfalls in relation to the environment. We found during this inspection that these had been addressed and the environment had been updated and an ongoing maintenance and redecoration programme was followed.
- Since our last inspection we saw that the registered provider had redecorated the communal areas and purchased new furnishing. The registered manager told us that during the coming year he was planning to update some of the shower facilities, to make them more easily accessible for people who used the service.
- People who used the service appeared comfortable in their environment. One person told us, "I like it here, it's my home."

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff told us that people were always able to give their verbal consent to care, they explained how they would verbally ask people for their consent and offer pictorial choices if appropriate prior to supporting them, for example before assisting them with their personal care tasks or an activity.
- Staff worked closely with professionals and family and best interest meetings were held when required, for example if people required bedrails to keep them safe at night.
- The registered manager had applied for appropriate DoLS authorisations from the supervisory body.

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 remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with respect, compassion and kindness, by care staff who promoted equality values.
- Part of the training staff received covered equality and diversity and the importance of valuing people's individual backgrounds, cultures and life experiences. Care records noted people's cultural and religious background and we observed that their needs had been met. Staff told us, that they would treat everyone as an individual and would respect their cultural, religious, sexual or ethnic wishes and personal beliefs.
- People spoke very positively about staff who supported them. Comments included, "Staff are very kind", "They [staff] are helpful and caring" and "I feel happy living here, I am well cared for."

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

- Staff told us that they always as much as possible involved people in decisions about their care and how the service was run and invited people to share their views.
- The service used several methods to gain people's views including daily interaction and meetings between people and their key workers to review people's care and yearly surveys. We saw that from records of these meetings action had been taken. For example, requests to update the environment had been actioned.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and supported them to maintain their dignity. People gave us positive feedback about the caring approach of staff. One person said, "I am well cared for and treated with respect." Staff told us that they would always knock on people's doors before entering their room and ensure people's body was covered when providing personal care.
- Staff promoted people's independence as far as possible. We found examples of where staff had supported people to regain life skills and confidence. For example, people were encouraged to walk independently to maintain their mobility. The registered manager told us, that he was proud that people do not use medicines to suppress their behaviours and moods.

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 remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were clear and provided detailed assessments of people's support needs and how they wanted their support to be provided.
- People's support needs were recorded and this also included progress made in achieving their objectives. The service has a key worker system, who reviewed the care plans monthly and updated any changing needs. A key worker is a member of staff who is allocated to a particular person and is responsible for updating their records, arrange their activities and ensure the overall well-being for this person.
- People told us they had choice and control over how their support was provided and they did not feel restricted. One person said, "I ask staff if I want something and I will get it done."
- One relative shared with us how pleased they were when the service responded quickly to their relative's changes in their health. The person said, "The staff noticed a change in my relative's' behaviour which resulted in him going to hospital and to being diagnosed with diabetes. They were able to get his prompt medical support."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was meeting the Accessible Information Standard as they assessed, recorded and shared information regarding people's communication needs. Examples included one person who was hard of hearing and had this documented in the care plan and guidance was in place to ensure staff communicated with this person clearly.

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

- People were supported to take part in activities that were important to them and were encouraged to maintain relationships with family and friends.
- The service had an activity coordinator who arranged a wide range of activities which provided physical and mental stimulation to people who used the service.
- We observed people taking part in these activities and saw that people enjoyed these. We overheard a lot of laughter and saw smiling faces. One person said, "I enjoy the activities."

Improving care quality in response to complaints or concerns

- The service had not received any complaints since our last inspection.
- People told us they would feel comfortable raising issues and concerns with any of the staff or the managers and they knew how to complain.

End of life care and support

- Three people had received end of life care in the past. However, their health had improved, and they were currently not receiving end of life care. Staff had received end of life training and would continue the support people required depending on their needs.
- People had an end of life profile on their form, which was discussed with people who used the service and their relatives.

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 Requires Improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The care and service provided was overseen by a management team who demonstrated experience, passion and a commitment to drive improvement.
- The registered manager had systems to review the quality of the care provided to continually improve the home. We found the provider needed to improve some aspects of the systems to ensure all aspects of the service were monitored effectively. We however, found that shortfalls found during quality monitoring assessments were not always responded to in a timely manner. This had put people who used the service, staff and visitors at unnecessary risk in the event of a fire.
- Staff were clear about what was expected of them in regard to their roles and felt they could approach the registered manager if they were not clear about anything. One staff member told us, "[Registered managers name] is easy to talk to and supports us if we have any issues."
- Organisations registered with CQC have a legal obligation to tell us about certain events at the home, so that we can take any follow up action that is needed. Since our last inspection we had received appropriate notifications and saw that the registered manager had taken actions to resolve the issues and improve the outcomes for people who used the service.

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

- The registered manager had created a culture that was open, inclusive and put people at the heart of the service.
- Staff ensured people's needs were met through ongoing review of their care and referenced current legislation and best practice guidance to achieve good outcomes for people. People we spoke with, relatives and staff all told us the registered manager and senior staff were approachable and available when they needed them. One relative said, "The manager is very nice, he always has a chat and will tell us if anything has changed with my relative."
- Staff we spoke with told us about how they worked in partnership with people and their families to plan personalised care and support.

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

characteristics

- People who used the service were supported to give feedback about the care provided. Staff knew people's needs well and were able to support their different communication methods.
- New information was shared in writing with staff and people when it had an impact on them. An example had been changes in the law about how personal data could be used.
- A relative we spoke with told us they felt engaged in it. They said, "They always tell me what is happening and ask me if there is anything they could do different. I feel there is good and open communication."

Continuous learning and improving care; Working in partnership with others

- Staff at the service worked in partnership with other services and organisations.
- The service worked closely with social and health care professionals to access help and support when needed. Any advice by health professionals was used to ensure the safety and wellbeing of people was maintained.
- All staff were receiving the appropriate training to enable them to carry out their duties appropriately. Any additional training identified would be sought to ensure staff had continuous learning and were able to safely and effectively meet people's needs.