

## St Josephs Rest Home

# St Josephs Rest Home

### Inspection report

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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

This inspection took place on 15 November 2017 and was unannounced. At our last inspection in May 2015, we found the provider was meeting the regulations we inspected and the service was rated "Good". At this inspection, we found that the service continued to be rated "Good".

St Josephs Rest 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. The service is registered for 26 people. At the time of our visit, 23 people were using the service.

There was a registered manager in place. 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.

People felt safe using the service. Staff were aware of safeguarding policies and procedures and their role in keeping them safe. Risks to people were assessed and managed effectively.

There were enough staff to meet people's needs. The provider had a robust recruitment process in place before staff commenced employment.

Staff received an induction and on-going training to support them in their roles. They understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People had access to healthcare professionals as needed and their nutritional needs were met. They received their medicines as prescribed.

People and their relatives felt staff were kind and caring. Staff supported people to maintain their independence and respected their privacy and dignity. People were supported to take part in activities based on their own interests.

People, relatives and staff felt the service was well run and the management team was open and approachable.

The management team worked well with other organisations to ensure people received all the care and support they needed.

The provider had systems in place to monitor the quality of the service provided to people. People and their representatives were able to raise concerns or complaints if they needed to.

## 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 remains good.

Good ●

### Is the service effective?

The service remains good.

Good ●

### Is the service caring?

The service remains good.

Good ●

### Is the service responsive?

The service remains good.

Good ●

### Is the service well-led?

The service remains good.

Good ●

# St Josephs Rest 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 15 November 2017 and was unannounced. It was carried out by one inspector.

Before the inspection, we reviewed information we held about the service. This included notifications the registered manager had sent us. Notifications are information the registered provider is required to send to us to inform us of significant events. We also sought feedback from the local authority commissioning team and they did not raise any concerns regarding the service.

During our inspection we spoke with four people who used the service, three relatives, three members of care staff, the deputy manager and the registered manager. We looked at four people's care plans, three staff recruitment files, staff training records and records relating to the management of the service such as quality monitoring surveys. We also looked at the environment of the service.

As we were not able to speak to some people, we used the Short Observational Framework for Inspection (SOFI). SOFI is a tool developed by the University of Bradford's School of Dementia Studies and used by inspectors to capture the experiences of people who use services who may not be able to express this for themselves.

After the inspection we spoke to five relatives on the telephone to seek their views about the service.

## Is the service safe?

### Our findings

People and their relatives told us the service was a safe place to live. One person said, "Yes, I do feel safe." Another person said, "I am very happy here."

Staff had received safeguarding training and had a good knowledge of what to do if they had any concerns. It was also clear from discussions we had with the registered manager that they understood their safeguarding reporting responsibilities. Staff were also aware of the whistleblowing policies and procedures and knew they could approach other organisations if they were worried about something.

Risks to people had been assessed and measures put in place to keep them safe. For example, there were risk assessments where people needed assistance when mobilising. Risk assessments were reviewed regularly and updated as required. The provider also had environmental risk assessments in place to cover areas such as fires and action staff needed to take in an emergency. They also carried out regular maintenance checks such as an annual gas safety check and portable appliance test to ensure the equipment were safe to use.

People, relatives as well as staff told us that there were adequate numbers of staff on each shift to meet the needs of people. One person said, "There is always someone [staff] around." One relative told us, "Some of the staff had been working for the home for a long time and this helps a lot as [people] know them well." The provider very rarely used agency staff as they had a pool of bank staff to cover sickness and this helped with consistency of care to people. □

We looked at the recruitment files of staff employed at the service and found appropriate checks had been carried out before they started work. The recruitment process was robust and included a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer decisions and prevent unsuitable people from working with people who needed support.

People told us they received their medicines as prescribed. One person said, "The staff give me my medicines otherwise I forget to take them." Staff had received training in the administration of medicine to ensure people receive their medicines safely. We saw people's medicines were kept under review and any allergies they had, were clearly documented in red in their records.

During a tour of the service, we saw it was clean and free from malodour. Relatives commented their family member's rooms were clean. One relative, "My [family member] room is always clean and tidy." Staff were aware on how to prevent the spread of infection and were knowledgeable of hygiene practices. They were supplied with personal protective equipment (PPE) such as colour coded aprons and gloves.

We saw accidents and incidents were reviewed and actions taken to reduce the risks to people's safety. For example, one person had frequent falls and it was decided to install sensory mats on the floor so staff knew when the person got out of bed. This helped to minimise the risk of further falls.

## Is the service effective?

### Our findings

People told us they were well looked after. One person said, "It is a nice home, the staff look after me well." A relative told us, "The staff are excellent, they do a brilliant job." Another relative said, "The staff go out of their way to support the residents [people]."

Before a person started to use the service, the registered manager or their deputy carried out an assessment using all the latest guidance including equality, diversity and human rights to ensure the staff could meet their needs.

People and their relatives said they felt the staff had the knowledge and skills to look after their family members. One relative said, "Yes, they [staff] know what they are doing." We looked at the staff training matrix and saw staff had undertaken training in areas such as in first aid, health and safety, fire and food hygiene. The registered manager regularly monitored staff training to ensure that staff were up to date with their knowledge and skills. Staff described the training very good.

Staff were also supported by having regular one to one meeting with the registered manager to discuss their work or any issues they might have. New staff completed an induction and shadowed experience staff before beginning to work on their own with people. They also attended some mandatory training and familiarised themselves with some of the policies and procedures during this period.

People told us that the food served in the service was good. One person said, "The food is always nice; I get a choice about what I would like to eat." Staff supported people who needed assistance to eat and drink. They also followed guidance from other professionals for people who had swallowing difficulty as well as encouraged people to have healthy meals. People's weights were monitored monthly.

People were able to see health care professionals when required. One person said, "If I am not well, I could ask to see a doctor." The management team worked well with other health and social care services to ensure people's needs were met. We saw from people's records they had had visits from different health care professionals and the outcome of each visit was recorded.

There were adaptations made to the premises to ensure peoples' needs were met. For example, there was a walk-in shower room downstairs for people who had difficulty using a bath. There were ramps fitted to enable easier access for people who used a wheelchair.

People's consent to care and treatment was sought in line with the Mental Capacity Act 2005 (MCA). The staff had a good understanding of the MCA and the Deprivation of Liberty Safeguards (DoLS) as they had received training in this subject. The MCA is a legal framework to assess people's capacity to make certain decisions, at certain times. Where people were not able to make a certain decision, we saw a best interest decision meeting was held involving relatives and other health care professionals.

# Is the service caring?

## Our findings

People and their relatives were happy with the service. One person told us, "The staff are all very kind." Another person said: "The staff are lovely."

We saw positive interactions between people and staff. Staff had built good relationships with people and were aware of their individual needs, wishes, likes and dislikes. We noted staff spent time in communal areas chatting with people and checking if they needed any assistance. Staff took time when supporting people and were not rushed.

Staff understood people as individuals and communicated with them in a way that reflected this, for example, by using pictorial cards or sign language. They had received training in how to communicate with people who were not able to speak.

People were given choices on how they were supported. Staff ensured that people were able to express their views and feelings. They gave us examples on how they respected choices in the way people dressed, what they liked to eat or where they liked to sit. One person said, "I can choose what I want for breakfast or lunch."

People were encouraged to be as independent as possible. For example, staff would supervise people to clean their rooms if they were able to do so with staff support. We saw care plans included information regarding people's independence.

Staff respected people's dignity and privacy when providing personal care. People told us they were happy with the way the staff treated them. One person said, "The staff are always polite and friendly." People told us that they could ask staff for assistance at any time and staff responded to their wishes as needed.

People were supported to maintain relationships with relatives and friends. Relatives commented they regularly visited the service and staff always made them feel welcome. They also said they could see their loved one in private or in the communal areas if they wished to. Relatives visited whenever they wanted to, there was no restriction on visiting time.

Confidential information such as care records were kept securely and were only accessible by authorised staff. This helped to promote people's privacy.

## Is the service responsive?

### Our findings

People and their representatives told us they took part in discussions regarding the care and support being provided by staff. One relative said, "We were involved in the discussion where they [staff] were planning the care of my [family member]."

We found the care plans were individualised and informative. They included information on areas such as, communication, personal care, mental health, mobility, nutrition and end of life wishes. Care plans were updated regularly to ensure staff met the changing needs of people who used the service. Records indicated that relatives were kept informed of any changes in their family members' care needs. This was confirmed when we spoke to relatives following our visit.

Staff knew people's likes and dislikes. They were knowledgeable about the people's individual needs and how to ensure their needs were met. They completed daily records, which contained details about the care that had been provided to each person.

People were able to take part in a number of activities within the service or out in the community. One person told us, "I do take part in the activities in the home." Another person told us, "I like reading and I am trying to have a library in the home." People's interests were recorded in their care plans. Staff also supported people to go on trips or days out.

The provider had a complaints procedure in place which informed people how to make a complaint and the timescales for a response. People and their relatives were comfortable to discuss with the registered manager any concerns or complaints they might have. Records showed where relatives had raised concerns, actions were taken to resolve them. One person said, "I will talk to the manager if I am not happy." A relative told us, "The manager is always available if I need to talk to them about any issues I may have."

We saw people's wishes for end of life were recorded within their care plans. Where people had 'Do not attempt Cardiopulmonary resuscitation' (DNACPR) wishes, these were clearly documented.

## Is the service well-led?

### Our findings

People and their relatives spoke highly of the management team. One person said, "[Registered manager] does a very good job, they always have a chat when they see me." A relative told us, "I have a very good relationship with [deputy manager]; they take time to listen to what I have to say and act on any of my request."

Staff also commented positively about how the service was run. They felt supported by the registered manager and their deputy. They found them to be very approachable and helpful.

There were regular staff meetings where staff shared their views and any concerns they might have. One member of staff said, "It is a very good place to work, we all work as a team." The registered manager ensured they kept the staff motivated by being very open with them about what was happening at the service. This helped to ensure people's care needs were met. Some staff had worked at the service for a number of years and they felt valued.

Staff were aware of the ethos of the service and understood their responsibilities and who they were accountable to.

The registered manager had systems in place to ensure that the quality of service people received was monitored. Regular audits were carried out to identify any areas for improvements and actions taken to address them.

We saw satisfaction surveys had been completed by people and their relatives. Where areas of improvement had been suggested, an action plan had been developed. For example, the provider had redecorated some areas in the service following feedback from relatives.

Since our last inspection the registered manager had informed us of significant events as required by law.

Staff were encouraged to keep up to date with best practice and research. The registered manager cascaded any update about latest guidance and practices to staff during their meetings.

The registered manager had good links with the local community. They worked in partnership with organisations such as the local authorities, safeguarding teams and clinical commissioning groups. They regularly attended meeting which were organised by the different local organisations.