

Joseph House (Trading) Ltd

Joseph House Nursing Home

Inspection report

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Southend On Sea
Essex
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Joseph House Nursing 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 care home accommodates up to 20 older people, people living with dementia and people who require nursing care.

Joseph House Nursing Home is a large detached building situated in a quiet residential area in Shoeburyness and close to all amenities. The premises is set out on two floors with the majority of people using the service having their own individual bedroom and adequate communal facilities available for people to make use of within the ground floor.

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

At a previous unannounced comprehensive inspection of this service carried out on the 9 and 10 October 2017, we found breaches with regulatory requirements relating to Regulation 9 [Person centred care], Regulation 10 [Dignity and respect], Regulation 12 [Safe care and treatment], Regulation 13 [Safeguarding service users from abuse and improper treatment], Regulation 17 [Good governance] and Regulation 18 [Staffing]. As a result of our concerns the Care Quality Commission took action in response to our findings by rating the service as 'Inadequate,' placing the service into 'Special Measures' and amending the provider's conditions of registration. At this inspection, we found the service had made significant improvements and was now rated 'Requires Improvement'.

The Local Authority had placed a restriction on the service provision following our last inspection to the service in October 2017. This inspection was completed on the 23 and 24 April 2018 and was unannounced. At the time of this inspection there were 14 people living at the service. We found the service had made significant improvements and was now rated 'Requires Improvement'.

Our key findings across all the areas we inspected were as follows:

Arrangements were much improved to assess and monitor the quality of the service provided. There was a positive culture within the service that was person-centred, open and inclusive. The registered provider and registered manager were able to demonstrate a better understanding and awareness of the importance of having suitable quality assurance processes in place and demonstrated better oversight of what was happening within the service. The registered provider visited the service at regular intervals and the registered manager was now located within the main hub of the care home. This was a significant improvement and had resulted in better outcomes for people using the service. Though the above was positive, improvements were still required to ensure these arrangements in place were as effective as they

should be, particularly where actions and recommendations were to be followed-up and addressed.

Staffs practice now ensured people living at the service received safe and effective care. This related to people who required specific support and specialist equipment to mobilise safely and where people were at risk of choking as a result of eating and drinking difficulties. Arrangements were now in place to review and investigate events and incidents and to learn from these. Care plans now covered all aspects of a person's individual care and support needs and risks to people were clearly identified and managed to prevent people from receiving unsafe care and support. People's healthcare needs were met. Staff understood and had a good knowledge of the Deprivation of Liberty Safeguards [DoLS] and the key requirements of the Mental Capacity Act [2005]. Suitable arrangements had been made to ensure that people's rights and liberties were not restricted and people's capacity to make day-to-day decisions had been considered and assessed.

With the exception of fire safety and fire drills training, staff received appropriate training and this was now embedded in their everyday practice. Newly employed staff were assigned a mentor and received a robust induction. Formal supervision arrangements were in place and staff confirmed they felt supported by the registered provider and registered manager. Improvements were needed to ensure where discussions held as part of formal supervision arrangements required follow-up action, these were completed and an audit trail in place to demonstrate actions taken. Recruitment practices were safe but checks relating to external contractors had not been considered.

People were able to participate in a variety of social activities each morning; however consideration was required to ensure these were routinely available in the afternoons and also afforded people the opportunity to access local community based activities.

Improvements were needed to ensure staff that had overall responsibility for fire safety at the service were appropriately trained. Additionally, where actions and recommendations were recorded, namely from the external fire contractor's report, these were actioned and addressed. Infection control arrangements were generally satisfactory with the exception of the laundry room as this area required a thorough deep clean.

Although people told us staff cared for them in a kind and caring manner and whilst the majority of care practices was observed to be positive, improvements were required to the service's dining arrangements. This referred specifically to serviettes, condiments and drinks being readily available. Staff's practice whilst supporting people to eat and drink required improvement and where recommendations were highlighted following a review of the 'dining experience', these had not been followed-up and actioned. The deployment of staff throughout the day was noted to be appropriate but a review of night-time staffing levels was required to ensure this was appropriate in relation to people's assessed needs.

Building renovations and refurbishment were in progress within the first floor to create new bedrooms with en-suite facilities and communal space. Improvements were needed to maximise the suitability of the premises for people living with dementia.

We have made recommendations about ensuring where staff have been delegated specific responsibilities, suitable training is provided and recognised national guidance relating to fire safety is followed.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Improvements were required to ensure staff that had overall responsibility for fire safety at the service was suitably trained and recommendations from fire reports addressed in a timely manner.

Recruitment checks and risk assessment for external contractors utilised at the service were required.

The laundry area required a thorough deep clean.

The provider's systems to safeguard people from abuse were safe and people told us they had no concerns for their safety.

Risks to people were suitably managed, mitigated and recorded so as to ensure people's safety and wellbeing.

Is the service effective?

Requires Improvement 

The service was not consistently effective.

The dining experience for people using the service required improvement.

Although staff received regular formal supervision and discussions held which suggested follow-up action was required recorded; information to demonstrate this was not always available.

Improvements were required to the environment to ensure it was suitable for people living with dementia.

Training for staff was up-to-date and embedded in their everyday practice. Robust induction procedures were now in place.

The service was compliant with legislation around the Mental Capacity Act [2005] and Deprivation of Liberty Safeguards.

People's healthcare needs were met and people were supported to have access to a variety of healthcare professionals and

services as required.

Is the service caring?

Good ●

The service was caring.

People were positive about the care and support provided at the service by staff and told us staff were kind and caring.

The majority of staff demonstrated an understanding and awareness of how to treat people with respect and dignity, and to support people to maintain their independence. However, improvements were required to ensure people's privacy was maintained.

Is the service responsive?

Good ●

The service was responsive.

Care plans provided sufficient detail about a person's care and support needs and how this was to be delivered by staff.

People were engaged in meaningful activities in the morning, but consideration was required to ensure these were also available in the afternoons and people had access to community based activities.

Appropriate arrangements were in place for people to give their views and to raise concerns or complaints. Improvements were required to ensure all complaints, whether written or verbal were logged and documented.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Although quality monitoring processes were much improved, improvements were still required to ensure these were as effective as they should be, particularly where actions and recommendations were to be followed-up and addressed.

Joseph House 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 23 and 24 April 2018 and was unannounced. The inspection team consisted of two inspectors on both days of the inspection. On the 23 April 2018, the inspectors were accompanied by an 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. Our expert by experience had experience of caring for older people and people living with dementia.

We reviewed information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our 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.

We spoke with seven people living at the service, four visiting relatives, one registered nurse, three members of care staff, the staff member responsible for facilitating social activities, the registered manager and the general manager. We reviewed four people's care files and seven staff recruitment and support records. We also looked at a sample of the service's quality assurance systems, the registered provider's arrangements for managing medication, staff training records, staff duty rotas and complaint and compliment records.

Is the service safe?

Our findings

Safe was rated as 'Inadequate' at our last inspection on the 9 and 10 October 2017. At this inspection, we found safe had improved to 'Requires Improvement.' At our previous comprehensive inspection, not all risks relating to individual people were identified or suitable control measures put in place to lessen the risks posed. Staff practices did not ensure all people living at the service received safe care and support. This referred specifically to poor manual handling practices and the supported provided to one person who was at risk of choking. Safeguarding procedures which make sure people are protected had not been considered. People's comments about staffing levels were variable and staff did not spend quality time with people who predominately remained in their bedroom. This was in breach of Regulations 12 and 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that sufficient improvements had been made, but further improvement was needed in relation to staffing levels.

People told us staff looked after them well, their safety was maintained and they had no anxieties or worries. One person told us, "It's ok here, I'm safe and my stuff is safe, not that I leave my things lying around, but I've never lost things here. There's always a member of staff in here [communal lounge] with us. They [staff] don't leave us." A second person told us, "I feel safe here, I'm always looked after. They [staff] pop up to check if I'm ok regularly." A person's relative told us, "When my [relative] first came here they were repeatedly asking to go home, but we never felt that was because they were unsafe, or anyone had been unkind to them. We [the family] think they're so much safer here, and it's given us peace of mind about them."

Staff had received updated safeguarding training in January 2018 and this included the registered manager. Staff demonstrated an awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to the qualified nurse or the registered manager. Staff were confident the registered manager would act appropriately on people's behalf if abuse was suspected. Staff told us they would report any concerns to external agencies such as the Local Authority or the Care Quality Commission if they felt the management team or registered provider were not receptive or responsive. One member of staff told us, "If I witnessed any abuse, I would report it straight away without question." Since our last inspection to the service in October 2017,

One safeguarding matter had been raised by means of an external source in December 2017. The registered manager had notified the Care Quality Commission as required of the safeguarding concern but at the time of this inspection the outcome was not known.

Staff knew the people they supported and were aware of people's individual risks and how this could impact on a person's health, wellbeing and safety. Where risks were identified, suitable control measures had been considered and put in place to mitigate the risk or potential risk of harm for people using the service. These assessments covered a range of risks, such as the risk of poor nutrition and hydration, poor mobility and falls, the risk of developing pressure ulcers and moisture lesions and the risk of choking.

We observed staff practice relating to manual handling and supporting people to eat and drink in a safe

way, when they were at risk of choking. We saw people were supported in a safe way and were no longer placed at risk of harm as a result of staffs' poor practice.

Environmental risk assessments were in place but one area had been missed because a window restrictor on the first floor was missing. This meant there was a potential risk that someone could fall out of the window and hurt themselves. We brought it to the registered and general manager's attention at the earliest opportunity. Immediate action was taken to make the window safe and to ensure this no longer posed a risk to people using the service.

The registered provider demonstrated an awareness of their legal duties with respect to fire safety at Joseph House Nursing Home. The 'Fire Safety Management Plan' stated the person with overall responsibility for fire safety was the general manager and they were supported by the registered manager in relation to the maintenance of fire equipment and staff training. Although the above was referred to, the general manager confirmed they had not attained fire awareness or fire marshall training. Therefore we could not be assured they were competent to undertake this task given our findings as stated below.

An external review and assessment of the service's fire arrangements was completed on the 19 October 2017. The subsequent report detailed remedial works identified as either medium or high risk were required to the service's fire system. An action plan detailing evidence of the actions required, completed and outstanding had not been maintained. We discussed this with the general manager and they confirmed the external fire contractor had returned to the service in December 2017, however not all areas as highlighted within the fire report had been addressed as the service was undergoing significant refurbishment to the premises. Although a visit in December 2017 had been conducted from the external fire contractor a report had not been provided to reflect and confirm the actions addressed. The general manager told us this would be issued once all renovations and works to the first floor had been completed.

Observations at the time of this inspection showed some of the fire door seals required replacement as in their current condition they would not help prevent smoke inhalation and not all doors were noted to self-close. One person's bedroom door was noted to be wedged open by a chair. The fire risk assessment did not make reference to a stair gate being in place at the top of one of the staircases and it had not been updated to accurately reflect the current number of people using the service.

Fire detection systems and fire fighting equipment was checked to ensure they remained effective. Improvements were required to ensure a weekly check of all fire extinguishers was undertaken to ensure these were correctly positioned, had not been discharged and tampered with. Records available showed only one fire extinguisher was checked each week. This was not in line with the provider's procedures which stated all fire extinguishers were to be checked. The service's emergency lighting was tested each month, specific details relating to the location of equipment tested was not routinely recorded. A 'Service User Evacuation Register' was readily available for staff to access in the event of a fire or other major incident. Initially this was not accurate but once brought to the registered manager's attention was amended to include all current people living at the service. This is a bespoke plan intended to identify those who are not able to evacuate or reach a place of safety unaided in the event of an emergency. Although since our last inspection in October 2017, two fire drills had taken place in December 2017 and April 2018, these had not included night staff. This meant there was no evidence to show night staff had completed practice evacuation procedures to demonstrate they were fully aware of how to safely exit the building in the event of a fire or emergency.

We recommend the general manager and registered manager attain suitable training and follow appropriate recognised national guidance relating to fire safety.

Comments about staffing levels from people using the service and staff were positive. The deployment of staff across the service was observed to be appropriate and there were sufficient staff available to meet people's needs to an appropriate standard during the day. Although there was no specific impact to suggest people's needs were not being met throughout the night, based on people's dependency levels and assessed needs, staffing levels appeared insufficient. This was discussed with the registered provider and registered manager and they were asked to consider a review of night-time staffing levels.

Safe recruitment practices were in place to ensure the right staff were employed at the service. Staff recruitment records for three members of staff newly appointed since October 2017 showed the registered provider had operated a thorough recruitment procedure to keep people safe. Relevant checks had been completed before they commenced working at the service. These included the completion of an application form, gaining a full employment history, obtaining written references, ensuring the applicant provided proof of their identity, a recent photograph and a criminal record check with the Disclosure and Barring Service [DBS]. Whilst the above was positive, external contractors were involved in the on-going refurbishment of the service. We requested to see their DBS and confirmation that suitable checks had been carried out including a risk assessment to ensure people's safety. The general manager confirmed this had not been considered or undertaken but would be sought for the future.

People confirmed they received their medication as they should. Observations showed people received their medication in a timely manner as the medication rounds were evenly spaced out throughout the day to ensure people did not receive their medication too close together or too late.

A medication profile was in place detailing people's preferred method of administration when taking their medication and this included known allergies. We looked at the Medication Administration Records [MAR] for 10 out of 14 people living at Joseph House Nursing Home. These were in good order; provided an account of medicines used and demonstrated people received their medication as prescribed. Suitable arrangements were in place to ensure all staff who administered medication were suitably trained and competent to undertake this task safely.

People were protected by the provider's prevention and control of infection arrangements. Staff told us, and records confirmed they received infection control training and understood their responsibilities for maintaining appropriate standards of cleanliness and hygiene; and following food safety guidance. The service's infection control and principles of cleanliness within the service were maintained to a reasonable standard with the exception of the laundry room and improvements were required. Although there had been a leak and this had damaged the laundry room ceiling, walls and floor, efforts to address this had proved ineffective and the laundry room required a deep clean.

The food hygiene rating was changed from a score of '5' being the best to '3' following an inspection to the service in January 2018 by the Local Authority. This inspection provided a snapshot of the standards of food hygiene at the time of the visit by the Local Authority to Joseph House Nursing Home. We discussed the findings with the registered manager and requested sight of the action plan to address the improvements highlighted. They confirmed no action plan was compiled as the areas for improvement were addressed with immediate effect.

The registered provider operated an open and transparent culture whereby staff were encouraged to report concerns and safety incidents. Appropriate arrangements were now in place to review and investigate events and incidents and to learn from these. The registered manager provided examples whereby lessons had been learned. For example, at our last inspection to the service we expressed concern relating to staff's practice when assisting one person to eat as they were at risk of choking and aspiration. Lessons had been learned whereby staff had received training, supervisions and observation of staffs practice had been

undertaken to ensure their practice was now safe. Additionally, where concerns had been raised about poor manual handling practices, staff had received further training, supervisions and observation of staffs practice had been completed. These measures had proved effective as no concerns were highlighted during this inspection pertaining to the above.

Is the service effective?

Our findings

Effective was rated as 'Requires Improvement' at our last inspection on the 9 and 10 October 2017. At this inspection, we found that effective remained 'Requires Improvement.' At our previous comprehensive inspection to the service in October 2017, we found training was not embedded in staffs' practice. Robust inductions had not been completed for staff, particularly where they had no previous experience. Mentors for newly employed staff were not an effective role model and although staff had received regular supervision, they had not always felt supported by the registered manager. The above was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that sufficient improvements had been made to provide staff with training opportunities and to ensure training was embedded in their everyday practice. Staff now felt supported and were complimentary about the registered manager.

People had all of their needs assessed in relation to their physical, mental, emotional and spiritual care and wellbeing. Appropriate steps had been undertaken by the service, to ensure where appropriate, people were supported to have their varied and diverse needs met.

With the exception of fire safety and fire drills, suitable arrangements were in place to ensure that staff received suitable training at regular intervals so they could meet the needs and preferences of the people they cared for and supported. Staff training records viewed showed staff had received mandatory training in 2017 and 2018, in line with the provider's expectations in key areas. This was confirmed by the registered manager and staff as accurate. Where concerns had been raised about a member of staff's practice, additional training and supervision had been provided and where necessary, disciplinary action including dismissal had been taken by the registered provider to make sure staff had the right skills and competencies to meet people's needs.

The registered manager confirmed all newly employed staff received an induction. This comprised of an 'in-house' induction and staff being given the opportunity to shadow a more experienced member of staff depending on their level of experience and competence. Furthermore, staff were required to undertake and complete the Skills for Care 'Care Certificate' or an equivalent robust induction programme, where they had no previous experience within a care setting or had attained a National Vocational Qualification [NVQ] or Qualification and Credit Framework [QCF]. The 'Care Certificate' is a set of standards that social care and health workers should adhere to in their daily working life. Newly employed staff confirmed they had been assigned a mentor and records showed they had commenced the 'Care Certificate'. Staff were positive about the induction provided and the opportunity they had been given to 'shadow' and work alongside more experienced members of staff. Staff stated this had proved invaluable and very helpful.

Staff told us they felt supported by the registered manager and received regular formal supervision. Where discussions had been held and which suggested follow-up action was required; information to demonstrate this was not always available. For example, matters were raised about one member of staff retrospectively completing people's records rather than at the time of their observations. Concerns were also expressed about another member of staff's communication difficulties and their ability as a senior member of staff to

communicate effectively when placed under pressure. No information was available to show how these were to be monitored.

Peoples' comments about the quality of the meals provided were positive. One person told us, "I'm very impressed with the food here. There's a good choice, and it's hot and tasty and I'm never hungry." Another person told us, "The food is lovely." People were able to choose where they ate their meal, for example, people remained in their lounge chairs with tables placed in front of them and others were able to eat in the comfort and privacy of their room. People were supported to make daily choices from the menu options provided and received food in sufficient quantities. A range of fresh fruit was made readily available each morning.

The dining experience needed to be improved as not all staff effectively communicated with the person they supported. We observed the qualified nurse assisting people to eat but not talking to the person being supported. The qualified nurse was also observed to hover over one person as they ate their meal and the plate being swiftly removed almost as soon as the person had finished the last spoonful. People did not have access to serviettes or condiments and were not routinely offered drinks with their meals. On the first day of inspection no vegetables were provided with either main meal. An observation of the dining experience for people was completed on 31 January and 28 March 2018 by the registered manager. A record of the observations was maintained and several recommendations for action were highlighted. For example, staff to suggest a blessing at the beginning of the meal, people to be offered condiments and serviettes, staff to show people each plated meal choice available to enable them to make an informed decision of the choices available and flashcards or pictures to be used to promote choice. Although the above was recorded, none of these recommendations were undertaken during both days of the inspection.

We were concerned that one person's weight was not being appropriately managed as well as it should be by staff to ensure the person's health and wellbeing. Records showed the person's weight was not reducing despite the person requiring a major operation. We discussed this with the registered manager and registered provider. Though the person had full capacity to make day-to-day decisions and choices, healthier snack options were not routinely offered or provided to this person by staff.

At the time of the inspection renovations were in progress. This referred specifically to bedrooms including en-suite facilities and communal space being newly configured and created within the first floor.

People's diverse needs were respected as their bedrooms were personalised to reflect their own interests and preferences. People's bedrooms included their personal possessions and photographs. People had access to communal facilities, comprising of two communal lounge/dining areas on the ground floor. Adaptations and equipment were in place in order to meet peoples assessed needs. However, improvements were required to maximise the suitability of the premises for the benefit of people living with dementia. There was limited signage available to help people to orientate themselves and did not follow best practice and up-to-date guidance to support people living with dementia. There were few clear signs, symbols or colours to help people to recognise their own bedroom. There was a lack of sensory stimuli, for example, orientation boards and information for people in an easy to understand format. We discussed this with the registered provider, registered and general manager and they confirmed the above would be in place as part of the renovations and refurbishment programme to Joseph House Nursing Home.

People told us their healthcare needs were met and they received appropriate support from staff. One person told us, "I think staff know me quite well by now and they'd listen to me if I was unwell, or notice if I was sore or bruised anywhere." One relative told us, "When I came in today they [staff] immediately told me that [relative] wasn't very good, and the doctor was coming in to see them." They told us it was not unusual

for staff to give them information about their relative when they arrived and staff always seemed to be well informed about their relative's current health or emotional wellbeing. The person using the service was taken to hospital later in the afternoon, after the doctor had visited. Care records showed that people's healthcare needs were recorded, including evidence of staff interventions and the outcomes of healthcare appointments.

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 the 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met.

Staff had a good knowledge and understanding of MCA and Deprivation of Liberty Safeguards (DoLS). The registered provider had clear procedures in place for staff to follow when people were not able to make decisions about their care or treatment. These included making decisions in people's best interests on a day-to-day basis, such as providing personal care and continence management. Information available showed that each person who used the service had had their capacity to make decisions assessed. Staff were observed during the inspection to uphold people's rights to make decisions and choices about their care.

Is the service caring?

Our findings

At our last inspection caring was rated as 'Requires Improvement'. At this inspection, we found that caring had improved to 'Good.' At our previous comprehensive inspection to the service in October 2017, we found the majority of interactions by staff with people living at the service was task and routine led. Staff did not understand the importance of giving people choices, respecting their wishes, considering people's right to privacy and confidentiality. The above was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that sufficient improvements had been made, although there was still room for improvement in relation to treating people with respect and dignity.

People and their relatives told us staff cared for people in a caring and kind way. One person told us, "They've [staff] never been unkind or nasty to me. I've never seen it with anyone else either; they're [staff] very good to us. I think the people who work here do a very hard job, but in a good way." Another person told us, "It's fine here, the staff are fine and they treat you like a human being. They've [staff] never made me feel like a number, or been horrible to me. Relatives confirmed they were happy with the care and support provided for their family member. One relative stated, "[Relative] gets on well with all of them [staff] I'd say. They [staff] understand [relative]. Two staff in particular they love, in fact they adore [male member of staff's name], he's so very kind to them. The relative also told us about their family member's keyworker, saying, "We all know who they are. They take special care of [relative], and know everything about them and what they need. We can talk to them about everything from our relative's health to what toiletries they need."

Staff knew about people's likes, dislikes and preferences and how they wanted their care and support provided. People and staff were relaxed in each other's company and staff knew the needs of people using the service well. They had a good knowledge of what people could do for themselves, how they communicated and where they needed help and encouragement. We saw positive interactions between staff and the people they supported. Observations showed people received person-centred care and had a good rapport and relationship with the staff that supported them. For example, at lunchtime one person was waiting for their lunch to arrive. The person responsible for providing activities was sat beside them and both were discussing their respective families with one another. The member of staff treated the person with genuine warmth and affection. Following a discussion with the person in the afternoon it was clearly evident they had enjoyed their discussion and the time spent with them by the member of staff.

Staff demonstrated an awareness and understanding of the importance of ensuring people's dignity was respected at all times. We saw positive examples where staff respected people's dignity, for instance, a member of staff approached a person in the communal lounge and spoke with them quietly, enquiring if they required their comfort needs to be met. We also noted staff gained people's consent to enter their rooms and provide personal care. Staff knocked on people's doors whether or not they were open or closed, rather than just walking in. Observations showed people were supported to maintain their personal appearance so as to ensure their self-esteem and sense of self-worth. People were supported to wear clothes they liked, that suited their individual needs and were colour co-ordinated.

However, our observations showed the qualified nurse did not understand or consider people's right to

privacy and confidentiality. A visiting healthcare professional was observed to visit the service and to openly discuss within the communal lounge area three people's medical healthcare needs with the qualified nurse. No consideration was given by the qualified nurse to seek an alternative space for the conversation to take place where they could not be overheard by others. We discussed this with the registered manager and the registered provider. The rationale provided was the qualified nurse may have felt unable or overawed to suggest to the healthcare professional that the above was inappropriate. This was highlighted at our previous inspection to the service in October 2017.

People and those acting on their behalf were supported to express their views and to be involved, as far as possible, in making decisions about the care and support to be provided. People, relatives and those acting on their behalf had been given the opportunity to provide feedback about the service through the completion of a questionnaire during 2017. Where responses had been returned, feedback was positive.

People were supported to be as independent as possible. We saw that staff encouraged people to do as much as they could for themselves and according to their individual abilities and strengths. We observed some people being able to eat independently and people told us they could maintain some aspects of their personal care without or with limited staff support.

People were supported to maintain relationships with others. People told us their friends and family members could visit at any time and there were no restrictions when they visited and they were always made to feel welcome. Staff told us that people's friends and family were welcome at all times.

Is the service responsive?

Our findings

Responsive was rated as 'Requires Improvement' at our last inspection on the 9 and 10 October 2017. At this inspection, we found that responsive had improved to 'Good.' At our previous comprehensive inspection to the service in October 2017, we found pre-admission assessments lacked detail and where people were readmitted to the service following a hospital admission, people were not reassessed. Care plans were not accurate or fully reflective of people's needs. Limited activities were available or undertaken for people using the service. Improvements were required in relation to the management of complaints. The above was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that sufficient improvements had been made, although there was still room for improvement relating to the management of complaints.

We were not able to consider the registered provider's arrangements to assess the needs of people prior to admission, and if this had improved, as there had been no recent admissions to the service. This was as a result of the service being rated 'Inadequate' and placed in 'Special Measures' following our last inspection to the service in October 2017.

Care plans covered all aspects of a person's individual care and support needs, focussing on the care and support to be delivered by staff. Care plans now covered all aspects of a person's individual care and support needs, focussing on the care and support to be delivered by staff, what was important to them and their personal preferences. Information available showed that people's care plans were reviewed and updated to reflect where their needs had changed. Daily records were completed to evidence how people spent their day and staffs interventions. This ensured staff had the most up-to-date and accurate information available.

The registered manager confirmed that a designated person was responsible for implementing social activities at the service seven days a week from 09.00 a.m. to 13.30 p.m. Suitable arrangements were now in place to ensure people using the service had the opportunity to take part in 'in-house' leisure and social activities from 09.00 a.m. to 13.30 p.m. People confirmed to us they could spend their time as they wished and wanted. One person told us, "[Name of person responsible for providing activities] comes up to see me every day. They might bring me up a game to play, or we'll just have a chat. They are lovely and it makes me feel of some importance they always come up just to see me, it's very sweet of them." Another person told us, "I join in with whatever is happening." Relatives confirmed after 13.30 p.m. activities rarely happened. One relative told us, "When [Name of person responsible for activities] goes home, the atmosphere goes a bit dead in here, nothing else happens after that." When questioned further they told us they rarely witnessed any other staff member organise activities during the afternoon.

Discussions with people using the service, relatives and staff demonstrated the majority of leisure and social activities provided at the service were undertaken 'in-house' with few opportunities for people to access the local community. One person told us, "I'd absolutely love it if we could go out for a drink, or lunch somewhere, just to get some fresh air, and see people. Now that would be a treat." We discussed the latter with the registered manager and registered provider and advice was provided as to how this could be risk

assessed to enable people to access the local community whilst enabling them to remain safe. An assurance was provided this would be followed up without delay. Activities provided 'in-house' included games such as hoopla, skittles and the balloon game. Additionally, people had the opportunity to bake cakes, listen to music, to watch films and to enjoy external entertainers. The person responsible for implementing social activities told us about their one-to-one sessions with two people who remained in their rooms throughout the day. They told us, "I chat with them [people living at Joseph House Nursing Home], read novels, poetry and do hand massages. I try to include them." They also told us they accessed DVDs from the visiting library for one person who was constrained to their bed, saying, "I know the things they'll be interested in." Religious observance was also maintained at the service.

The service had a complaints procedure in place for people to use if they had a concern or were not happy with the service. Additionally, a suggestion box was located in reception. The registered manager told us there had been no complaints since our inspection in October 2017. However, information available detailed several concerns had been raised in relation to the service's laundry provision. A relative told us, "One of the problems is the staff do the laundry. They [organisation] don't have a specific laundry person." They showed us their relative's wardrobe, taking out a few items of clothing. One item was covered in stains and screwed up and other items did not look as though they had been cleaned or ironed. The relative advised these had just come back from the laundry, saying, "I guess I'll have to take some back with me and do it again." They told us the issues had been discussed with the registered manager but nothing had improved. We discussed this with the registered manager and they told us the concerns had been raised verbally and not in writing. The registered manager was advised all complaints should be logged. The registered provider told us they were already taking action to address this and were in the process of recruiting a designated member of laundry staff.

Staff knew how to respond to people's concerns and complaints should the need arise. People told us they would either speak to a family member or member of staff if they had any worries or concerns. People indicated they were confident that their complaints or concerns would be listened to, taken seriously and acted upon. One person told us, "If there's anything wrong here, I'll say it. I'll talk to the manager, she does listen, and mostly things get sorted."

Although no one living at the service was receiving end of life care, the registered manager provided an assurance that people would be supported to receive good end of life care to ensure a comfortable, dignified and pain-free death. The registered manager confirmed they would work closely with relevant healthcare professionals, such as the local palliative care team and provide support to people's families and staff as necessary.

Is the service well-led?

Our findings

Well-Led was rated as 'Inadequate' at our last inspection on the 9 and 10 October 2017. At this inspection, we found that inadequate had improved to 'Requires Improvement.' At our previous comprehensive inspection to the service in October 2017, we found the registered provider's quality assurance arrangements were ineffective and not robust. The registered manager was not based within the main hub of the care home but in an adjacent building and this meant they were distant from what was happening within the service. In addition, we also found the registered provider lacked oversight as to what was happening within the service. The above was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that significant improvements had been made. Staff's training was now embedded in their practice and people now received safe care and support; and risks posed to people were clearly identified. Staff received a robust induction and supported by the registered manager. Care and support provided was person-centred and less routine and task focused. People's care plans identified their care and support needs and how these were to be delivered by staff.

No changes had been made to the management team since our last inspection to the service in October 2017. The service continued to have a registered manager in post and they were supported by the general manager and registered nurses. Since our last inspection to the service the registered manager's office had been relocated to within the main care home. This meant they were now easily accessible to staff and visitors; and were able to monitor staffs practice and take action where required. The registered provider had better oversight of what was happening within the service. They visited the service at regular intervals each week, carried out a monthly 'Compliance Visit' report and held meetings with both the registered and general manager. 'Compliance Visit' reports had been forwarded to the Care Quality Commission each month since December 2017 and provided an overview of what was happening within the service. Minor improvements were needed to the report to explain what was observed in relation to staffs practice or provide any details relating to people's experience of living at Joseph House Nursing Home.

We asked the registered manager about the arrangements in place to gather, document and evaluate information about the quality and safety of the care and support the service provided. A number of audits and checks were undertaken at regular intervals and the information used to inform the registered provider's monthly report. However, some further improvements to the registered provider's quality assurance arrangements were still needed. For example, in relation to the service's fire arrangements, ensuring recommendations as part of observations undertaken pertaining to 'Enhancing the Mealtime Experience' were initiated and addressing concerns raised about the provision of laundry. An action plan was not in place detailing how the registered provider was to maximise the suitability of the premises for the benefit of people living with dementia. No information was in place as to how people could access the local community. These areas were discussed with the registered manager and registered provider. Both were receptive to our comments and provided an assurance that these required improvements would be addressed.

People and relatives told us the service was well run and managed. They knew who the registered manager was and told us they found them to be very amiable and approachable. One person told us, "I think the manager does a good job running this place. I'd describe them as firm but fair and the staff seem happy with the way they do things." Another person stated, "If anything isn't right I talk to the manager. I reckon they're pretty on the ball". A relative told us, "[Name of registered manager] has an open door policy. I've knocked on their door before now, and they're happy to talk to you immediately if they are free. The manager has also been more visible recently I think, keeping an eye on things more. I would recommend this home, they [registered provider] don't try to hide anything, and it's a very open place." Staff now spoke positively about the registered manager and told us they received a good level of support. One staff member told us, "Things have changed here, now I feel much more supported by the manager and owners. Now I can see improvements being made. If we don't like things here we can tell them, and they listen to us."

People and those acting on their behalf had completed a satisfaction survey in 2017. Where responses had been received, the results of these told us people using the service and their relatives were happy and satisfied with the overall quality of the service provided. Relatives stated they were happy with the care and support their family member received. Professional satisfaction questionnaires were similarly positive.

People using the service and relatives confirmed regular meetings were held whereby they were encouraged to have a 'voice' and to express their views about the service. Additionally, staff confirmed meetings were held whereby they could express their views and opinions. Records of these were available, included the topics discussed and the actions to be taken.

People benefitted from the service's collaborative approach to joint working with other organisations. The service worked in partnership with Local Authorities when meeting people's needs and reviewing their care. The registered manager and staff had a positive working relationship with a number of outside professionals and organisations, including healthcare agencies.