

Care First Class (UK) Limited

St Joseph

Inspection report

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14 March 2019

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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

About the service:

St Joseph is a care home that provides personal care for people, some of whom are living with dementia. St Joseph's is registered to provide care for up to 15 people; there were 13 people living at the home on the day of the inspection.

The registered manager left St Joseph's in September 2018 to work at the one of the providers sister homes. A new manager is in place and has submitted an application to CQC to become the registered manager. The provider is legally responsible for how the service is run and for the quality and safety of the care provided.

People's experience of using this service:

- Some improvements had been made in the areas we identified following our previous inspection in August 2017. However, we found that some areas requiring improvement had not been addressed. For example, at the last inspection we recommended that the service explore the relevant guidance on how to make environments more 'dementia friendly.' At this inspection the required changes were not in place and although the provider had a home improvement plan in place, giving the timescales for the ongoing redecoration of the home no reference was made to providing a 'dementia friendly' environment.
- Improvement was required to ensure facilities and equipment were safe and any required work was carried out in a timely manner. For example, we saw a delay in required work to the passenger lift.
- The provider had quality assurance systems in place, however they were not fully effective as they had failed to ensure action had been taken in a timely way.
- People were supported by staff to stay safe and who understood the need to ensure they consented to the care they received.
- People were cared for by staff who treated them with respect and dignity and encouraged them to maintain their independence.
- Staff received training that was appropriate to them in their role and supported them in providing care in the way people wanted.
- People's consent was sought before providing support. Staff demonstrated a good understanding of the Mental Capacity Act 2005 and what this means for people.
- People felt staff listened to and acted on their choices and felt involved in the running of the home, for example, people had been involved in planning the redecoration of their rooms.
- Staff liaised with other health care professionals to meet people's health needs and support their

wellbeing.

- Staff felt supported and said they could talk to management at any time, feeling confident any concerns would be acted on promptly.
- People spoke positively of service and relatives said improvements had been made since the last inspection.
- The provider had a home improvement plan in place, which showed the timescales for the planning redecoration of the home and the planned areas for refurbishment.
- The service worked in partnership and collaboration with other key organisations to support care provision.

Rating at last inspection:

At the last inspection we rated St Joseph as 'Requires Improvement' (report published 24 January 2018). At this inspection the overall rating has remained as 'Requires Improvement.'

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Enforcement:

Full information about CQC's regulatory response to the more serious concerns found in inspections is added to reports after any representations and appeals have been concluded.

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received, 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 is not consistently safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service is not consistently effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service improved to caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service improved to responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service is not well led responsive.

Details are in our Well Led findings below.

Requires Improvement ●

St Joseph

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team

The inspection team consisted of one inspector, an assistant inspector and an expert by experience. An expert by experience is someone who has had experience of working with this type of service.

Service and service type

St Joseph 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 and took place on 14 March 2019.

What we did:

We used information the provider sent to us in the Provider Information return (PIR). This is information we require providers to send to us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service, including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders, for example, the local authority and members of the public.

During the inspection, we spoke with six people using the service and three relatives to ask about their experience of care. We spoke with the manager, the regional director and the provider. We also spoke to two senior carers, one member of care staff, the cook and one member of housekeeping staff.

We looked at the care records for four people, two staff employment related records, staff meeting minutes,

monthly management report and records relating to the quality and management of the service. Details are in the Key Questions below.

Is the service safe?

Our findings

At our previous inspection on 23 August 2017 we rated the service under this key question as 'requires improvement' due to concerns we identified that risks to people's health and safety were not always managed safely and we could not be assured people got their medicine as prescribed. As a result, the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found although some improvements had been made; however, checks carried out on the facilities and equipment to ensure they were safe had not ensured required work was carried out in a timely manner. The provider remains in breach of Regulation 12. The rating for this key question remains as 'Requires Improvement.'

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

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

Assessing risk, safety monitoring and management:

- Improvement was required to ensure facilities and equipment were safe and any required work was carried out in a timely manner. For example, we saw that a Lift Inspection report dated April 2018 made several recommendations for required work. We saw a subsequent lift inspection report from 09 January 2019. This report rated the inspection as 'unsatisfactory' and listed three actions which were required to be completed within six weeks of the report; including emergency lighting in the lift in the event of a power cut. We asked for evidence that this work had been completed. Following our inspection, the manager submitted quotes for the work dated 18 March 2019, which was then completed on 27 March 2019. This delay placed people at risk.

This is a breach of regulation 12 'Safe care and treatment' of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were supported by staff who were aware of the risks to them on a daily basis. One relative told us of the safety measures in place for their family member and one person commented, "I feel perfectly safe here. I should hate to leave."
- Care plans recorded people's risks and were reviewed on a regular basis. A daily handover was held to share and record any changes in people's wellbeing.

Staffing and recruitment:

- People, relatives and staff, we spoke with felt there was enough staff employed at the home to keep people safe. One person commented, "They always come and help.There's always somebody to help."
- At the last inspection we recommended that the service explore relevant and up to date guidance on how to assess staffing levels based on people's individual dependency needs. At this inspection we found 'Improvements had been made' however, the provider was still not using a dependency tool to evidence and monitor staffing levels. We discussed this during the inspection and the manager said this would be put in place immediately following the inspection.

- Staff had been recruited safely to ensure they were suitable to work with people, however, they need to strengthen the process further and ensure a full employment history was completed for all staff.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place and all the staff we spoke with had a good understanding of what to do to make sure people were protected from harm or abuse.
- When a potential safeguarding issue had been identified, the manager had taken immediate action to report the concerns to the local authority and they had ensured the concern was investigated appropriately.

Using medicines safely:

- People who received help with their medicines told us they received their medicines on time and as prescribed.
- At the last inspection we could not be assured people got their medicine as prescribed, at this inspection we found improvements had been made and monthly audits were completed, and action taken when any errors, for example, missed signatures, were found. A check on the medication audit was also made by the regional director.
- We saw that following a recent pharmacy visit, changes had been made in the way medication that was not required was recorded to give more detailed information.

Preventing and controlling infection:

- Overall the home was clean, and we saw staff used protective equipment such as gloves and aprons. Staff told us protective equipment was always available to them.
- The acting manager 'worked on the floor' and took action on any areas noted for improvement.

Learning lessons when things go wrong:

- We saw the provider had systems in place to ensure the service learnt from any incidents that occurred. All incidents were reported to the regional director who maintained an overview of incidents and actions taken in response.

Is the service effective?

Our findings

At our last inspection in August 2017 in the key question of "Effective" we rated it as "Requires Improvement." Following this inspection, we found improvements were still required and the rating for this key question remains "Requires Improvement."

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.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may, or may not, have been met.

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

- We looked at how people's individual needs were met by the design and decoration of the home. At the last inspection we recommended that the service explore the relevant guidance on how to make environments more 'dementia friendly.' At this inspection, we were advised that four people were living with dementia, however, we found that the required improvements had not been made. We noted a lack of pictures on the corridor walls and there was limited orientation and visual prompts or stimulation for people. We also noted one area where the lighting could be improved to help those people with visual impairments.
- We asked the management team about this, they advised, and we saw, there were on-going improvements being made to the decoration of the home. We saw several bedrooms and been redecorated, and the bathrooms were in the process of being refitted. The manager also told us new seating had been ordered. However, they were unclear about the recommendation of the previous report and we could not be assured that any good practice guidance had been sought and considered.

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

- People's needs were assessed by the management team before they moved into the home to ensure staff had the necessary skills to support people and their needs could be met. Their needs were subsequently reviewed to ensure they continued to be addressed.
- People and their families were involved in discussions about people's needs.

Staff support: induction, training, skills and experience

- Staff told us, and records confirmed, they were supported through training and guidance to provide effective care for people.
- Staff said they were able to discuss any concerns, the progress or changing needs of people with the acting manager.
- Staff said they were supported through supervision and staff meetings. Staff said they were able to areas for discussion and learning.

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 as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The acting manager was aware of their responsibilities regarding the Deprivation of Liberty Safeguards (DoLS) and applications had been submitted where they had assessed that people were potentially receiving care that restricted their liberty. The provider had a process in place to record the expiry date of any authorisations, so an assessment could be made to review the person's care and make a new application if needed.
- People were supported by staff who had received training in the MCA and recognised the importance of people consenting to their care.
- We observed staff sought people's consent before providing care and people told us that staff respected their choices. One relative said, "[Person's name] definitely has choices."

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

- People were supported by staff to maintain good nutrition and hydration and we saw people supported with a choice of meals and drinks throughout the day.
- People told us they enjoyed a good choice of meals. One person said, "The food is lovely, when you finished what you've had you can go in for seconds and they ask you what you want for breakfast.....and they do it. "
- We saw people had adapted cutlery and aids to support them eating independently and where required staff offered assistance, for example, to cut meat into manageable sized pieces, this was done in a supportive way.
- We spoke to the cook who was knowledgeable about people's dietary requirements and their preferences.

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

- Staff were able to tell us of the healthcare needs of the people they supported, and they knew when to contact outside assistance. We saw records that showed when healthcare professionals had been contacted in support of people's health. For example, we saw when staff communicated with GP and hospital consultant's in support of people's care. One person said, "The GP is coming in today actually because I don't feel well. "

Is the service caring?

Our findings

At our last inspection in August 2017 in the key question of "Caring" we rated it as "Requires Improvement." Following this inspection and the improvements found we have changed the rating to "Good."

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People we spoke with said they were treated with kindness. People gave positive feedback about the caring approach of staff. One person told us, "Yes, the staff are very good. We are well looked after I tell you."
- Relatives also complimented the approach of staff. One relative said, "I see good care to all the people here, not just my relative. This is a family home, staff know people well."
- Staff told us they enjoyed working with the people they supported.

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

- People said they felt listened to and made choices about their day-to-day care. For example, people could choose how they spent their day and choose where they ate their meals. For example, we saw one person ate their lunch in the dining room but then chose to move to the lounge area for their pudding. This was supported by staff.
- Relatives we spoke with told us the home had a calm atmosphere and staff were welcoming. We heard care staff engaging with visitors and relatives in a pleasant and informative manner.

Respecting and promoting people's privacy, dignity and independence:

- People told us they were treated with dignity and respect. One relative said, "[Are staff] respectful? Absolutely. I see it all the time I am here. "
- Staff told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, making sure doors and curtains were closed.
- We saw examples of how staff promoted people's independence. For example, we saw one person was encouraged to their lunch independently, but staff were on hand to support them when they needed help to continue eating and finish their meal.

Is the service responsive?

Our findings

At our last inspection in August 2017 in the key question of "Caring" we rated it as "Requires Improvement." Following this inspection and the improvements found we have changed the rating to "Good."

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

People's needs were met through good organisation and delivery.

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

- People told us, and we saw they enjoyed a range of activities. On the day of the inspection we saw people enjoying a movement to music session led by a member of staff with the support of one person living at the home. We saw the person enjoyed a sense of purpose from being involved and leading the session.
- People and their relatives told us that activities had improved under the new manager. Relatives praised the special events such as the St Valentine's day party and St Patrick's day tea. We also saw the provider had received a written compliment about the improvement made. The compliment said, "Activities [have] changed for the best. Residents seem happier than ever. [Name of two staff members] play a massive part in activities, long may it continue."
- People told us they were supported to practice their faith. One person said, "They come in and give us communion. They come from the abbey. "
- Care plans were updated and reviewed as required and contained a life history of the person capturing information on what was important to them.
- Staff spoken with were able to describe people's preferences and the way in which they liked to be supported. One relative complimented staff and commented, "I see good care to all people. This is a family home, staff know people well."
- Relatives told us where people were in the process of having their rooms redecorated they had been involved in discussions and making choices about the new decoration.

Improving care quality in response to complaints or concerns:

- People told us they knew how they would complain about the care if they needed to. People told us they had not made any complaints, but if they had a concern they were happy to speak to staff; and they felt these would be listened to and acted upon. One person said, "They are very good nothing to complain about. "
- We saw that where complaints had been received these had been investigated and the outcome recorded. The provider had a complaints policy in place and said the regional director looked at any complaints received to assess if action could be taken to prevent further occurrences.

End of life care and support.

- At the time of the inspection there was no one being supported with end of life care. The acting manager said when this care was needed they would work closely with people's family and their GP to support people get the care they wanted.

Is the service well-led?

Our findings

At our previous inspection on 23 August 2017 we rated the service under this key question as 'requires improvement' due to concerns we identified that governance systems were ineffective. As a result, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found although some improvements had been made and quality assurance systems in place, were not fully effective as they had failed to ensure action had been taken in a timely way in some areas requiring improvements therefore they provider remains in breach of Regulation 17. The rating for this key question remains as 'Requires Improvement.'

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

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

Continuous learning and improving care:

- The provider had quality assurance systems in place, however they were not fully effective as they had failed to ensure action had been taken in a timely way in some areas requiring improvements. For example, at the last inspection in August 2017, we recommended that the service explores the relevant guidance on how to make environments more 'dementia friendly'. At this inspection the required improvements were not in place and although the provider had a home improvement plan in place, which showed the timescales for the ongoing redecoration of the home no reference was made to providing 'dementia friendly' environment. Governance systems had failed to identify that the design, decoration and adaptation of the building was not in line with best practice for people living with dementia and systems had failed to ensure that areas identified by the regulator had been considered and addressed.

- Quality assurance systems checking equipment had failed to ensure that required work had been completed within the stated timescale following an inspection on the homes passenger lift. The providers systems had not been effective at improving the quality of the service. This is a breach of regulation 17 'Good governance' of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager reported key events to the provider, such as accidents and incidents, so the provider could be assured people were receiving good care.

- Since the last inspection a new monthly management report had been put in place which gave an overview of all incidents, audits, complaints and staff levels to the regional director

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff told us they felt listened to and that the interim and regional manager were approachable and supportive.

- On the day of our visit the manager interacted in a relaxed and caring way with people living in the home

and took time to re-assure people when they raised any queries.

- The manager said they felt supported by the regional director, with whom they held meetings to review the running of the home.

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

- People's views were sought through reviews. We saw people had given positive feedback and said they were happy with service and the standard of care.
- Relatives said the manager was approachable and they could speak to them if they had any concerns or comments on the service.
- Staff told us and we saw records of staff meetings held to share information and provide an opportunity for staff to feedback their views and suggestions.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- Staff were supported to understand their roles through regular supervision meetings.
- There was a clear staffing structure and staff were clear on their role and who to report any comments or concerns to.
- The latest CQC inspection report rating was on display in the reception area of the home. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

Working in partnership with others

- The service worked in partnership and collaboration with other key organisations to support care provision. The service also looked to develop community links, for example, we saw a local church held monthly services within the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured that facilities and equipment were safe and any required work was carried out in a timely manner.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The providers systems had not been effective at improving the quality of the service.</p>