

Care First Class (UK) Limited

St Joseph

Inspection report

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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?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

This unannounced inspection took place on 23 August 2017. At our last Inspection in September 2015 we rated the provider as good overall. St Joseph's provides accommodation for up to 15 older people who require personal care and who may have dementia, a mental health related illness or a physical disability. At the time of our inspection there were 15 people living there.

There was a registered manager in post and they were present at the time of the inspection.

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.

Although people told us they felt safe at St Joseph's we found risks to people's health and safety were not always managed safely. Both the registered manager and staff told us they thought there were times when staffing levels were insufficient to meet people's needs however we saw people's needs were being met by staff. People were cared for by staff who understood the signs of potential abuse and how to report any suspected abuse. We found the provider operated a safe recruitment system which meant people were supported by staff who were suitable to work with people living in the service.

Although staff had received training it was not always effective in providing the knowledge and skills to support people in the service. The registered manager had protected people's rights when they lacked capacity to make decisions about their care. Staff were not aware of who had restrictions on how their care was delivered. People had mixed views about the food at the service, however we saw people enjoyed the food and they were given choices. People's nutritional needs were being met. When people's health needs changed they had access to other healthcare professionals.

Although people told us staff were kind and caring we saw people spent periods of time with no interaction from staff and there were missed opportunities for staff to interact with people. People told us their privacy and dignity was respected by staff. People were encouraged to maintain relationships that were important to them.

People had mixed views about the opportunities available to spend their leisure time. Although we saw people engaged in group activities we saw no evidence that activities were tailored around people's individual preferences. People told us they were happy with the care they received. Relatives told us they were involved in the care of their family members. The provider operated a complaints system should people have concerns about the care they received.

Improvements were required in the governance system operated by the provider. People told us the service was well led. Staff were supported in their roles and were involved in the running of the service. People told us they were happy living at St Joseph's and felt they could approach the registered manager and staff should they need 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 was not consistently safe.

Risks to people's health and safety were not always managed safely. We could not be assured people got their medicine as prescribed. People were supported by staff who recognised the signs of any potential abuse. Staff were recruited safely.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

The training staff received was not always effective. Where people lacked capacity to make decisions assessments were in place and the registered manager had ensured decisions were made in their best interests. Staff were not aware of who had restrictions on their care. People's nutritional needs were being met. People received support from other health professionals when required.

Requires Improvement ●

Is the service caring?

The service was not consistently caring.

People spent periods of time with no interaction from staff because staff did not have the time to spend with them. People's privacy and dignity was not always maintained. People told us staff were kind and caring.

Requires Improvement ●

Is the service responsive?

The service was not consistently responsive.

Although people had some choice about how they spent their time we saw little evidence to suggest activities were planned around people's individual needs. People told us they were given choices about their everyday care needs. The provider operated a complaints system should people wish to complain.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

Requires Improvement ●

The governance system operated by the provider was not always effective. There was a positive culture within the service and staff were supported by the registered manager and provider.

St Joseph

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 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.

This inspection took place on 23 August 2017 and was unannounced.

The inspection team consisted of one inspector and 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, in this case their area of expertise was older people. As part of the inspection we looked at the information we held about the service. This included statutory notifications which the provider must send us to inform us of certain events. We asked for feedback from the Commissioners of people's care and the safeguarding team at the local authority to find out their views on the quality of the service. We used this information to plan our inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with five people who lived at the home, two people's relatives or friends, three members of staff and the cook, the registered manager and the provider. We reviewed a range of records about people's care. These included two people's care records and a sample of people's medicine records. We also looked at staff records and records to monitor the quality and management of the home. As part of our observations we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

Is the service safe?

Our findings

At our previous inspection in September 2015 we rated the provider as good in this key question. At this inspection we found the provider had not maintained the standards required of this rating and in some areas they were no longer meeting the requirements of the law which meant people no longer received safe care.

Although people and their relatives told us they felt safe living at St Joseph's we found people were not always in receipt of safe care. Staff were able to give us examples of how they managed people's risks. However, one member of staff expressed concern at how some members of staff moved people unsafely. They told us "I'm not confident all staff use the correct techniques. I have told staff before not to use [unsafe techniques]". We saw on one occasion a person's safety was compromised because staff used an unsafe technique to move them. The registered manager acknowledged this had occurred but could not explain to us why they had not intervened or why staff used this technique. The registered manager told us they would address this with staff as they had received training in how to move people safely.

Staff also told us they had concerns about one person who was at risk of falls as they required one member of staff to be in the lounge at all times in case they needed support to walk. We looked at this person's care records which confirmed what staff had told us. Accident records demonstrated this person had fallen twice when staff were not available to support them. We spoke to the registered manager about this. They told us despite what this person's care records said they could not provide this support and had approached other professionals to have the person re assessed as they did not think they could meet their needs anymore due to the falls. However in the interim period we found the service had failed to mitigate this person's risks by following the guidance in their care plan, which meant they were still at high risk of falls. We found although staff were knowledgeable about people's risks recorded in their care records we found people were at risk of receiving unsafe care due to staff not always following guidance in people's care records.

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

We looked at the system the provider had in place to ensure people got their medicines as prescribed. The registered manager told us they usually administered people's medicines but all staff were trained and were able to cover in their absence. We observed the registered manager supported people to take their medicine in a safe way. For example, they stayed with people and explained to them about their medicine and how to take it. We saw guidance was in place when people received their medicine "as required".

We looked at people's medicine records and saw there were three occasions where staff had not signed to say people had received their medicine. The registered manager could not explain to us why staff had not signed people's medicine charts on these occasions. We looked at the system the provider had in place to account for people's medicines. We checked the stock levels for four people's medicines and found that two people's stock levels did not match the medicines administration records (MAR). For two people we found more tablets in stock than should be. This meant that medicines may not have been administered as

prescribed. Although there was no evidence that anyone had been harmed by these errors, it was unclear whether people had received correct medicines to support their health and well-being. We discussed this with the registered manager and provider who told us they would review medicine management procedures following the inspection.

We received mixed views from people and their relatives about the staffing levels at St Joseph's. One person told us, "I would say staff numbers are okay. There are enough of them and they are usually around". Another person told us, "Sometimes I feel they are short staffed". Another person commented, "Of course, they could do with more staff, but they are coping". A relative explained to us, "It depends on the situation. Perhaps they could do with one extra when someone needs to go to the toilet". A member of staff told us "I believe two staff is not enough because there are times when some people require two staff to support them which means others are left". We asked the registered manager about staffing levels and they told us they didn't think there was enough staff. We asked how staffing levels were calculated and they told us they did not have a method of calculating how many staff were required to keep people safe. The registered manager told us staffing levels were determined using a ratio of staff to residents to calculate the amount of staff required to keep people safe. Staffing levels should be determined by assessing people's dependency levels and this had not been considered by the registered manager. Our observations demonstrated that there were staff available when people required support; however staff did not always have time to spend with people.

We recommend that the service explores relevant and up to date guidance on how to assess staffing levels based on people's individual dependency needs.

Everyone we spoke to told us they felt safe. One person's relative commented, "Yes I think [name of person] is well looked after. The staff are very good". Staff understood how to protect people from harm because they had received training in how to recognise signs of potential abuse and where to report it. They told us they would report any signs of potential abuse to the registered manager. The registered manager was aware of their responsibilities in raising and reporting any potential harm or abuse to the local safeguarding authority and had done so when necessary. This meant people were supported by staff who knew how to recognise any signs of potential abuse and knew what action to take if they suspected abuse had occurred.

We saw the registered manager had a system in place which monitored when people had accidents. We saw the registered manager completed a falls analysis which looked at any patterns which had developed and to ensure any preventative action would be taken. For example, we saw the registered manager had contacted a dedicated falls prevention team for support when two people had experienced a fall.

People were supported by staff who had been recruited safely. We looked at four staff files and found the provider had a recruitment system which checked staff's identity and requested references from previous employers prior to new staff commencing employment. We saw the recruitment system in place also checked if people were of the right character to work with people who lived in the service prior to them commencing their role. Disclosure and barring checks (DBS) had been completed. DBS help employers to make safer recruitment decisions and prevents unsuitable people being recruited.

Is the service effective?

Our findings

At our previous inspection in September 2015 we rated the provider as good in this key question. At this inspection we found the provider had not maintained the standards required of this rating which meant people no longer always received effective care.

People told us the care they received was good and thought staff were good at their job. Staff told us they received regular training sessions which provided them with the knowledge to provide the care people needed. However we found the training staff received was not always effective as staff had told us they had received training in how to support people with their mobility. We observed two members of staff moved a person using an unsafe technique. Staff also told us they had received training in the Mental Capacity Act (MCA) but were not able to explain to us how it affected people's care. The provider and registered manager told us they would address this by offering further training for staff to ensure the staff understood the principles of the MCA. Staff told us some of the training they received helped them in their role. One member of staff said, "I love the training, it's very informative". They went on to explain how the end of life training they received had helped them understand the deterioration in a person's health at this stage of their life. Another member of staff told us how they had no previous experience in care and the registered manager had ensured they were completing the Care Certificate. The Care certificate is a nationally recognised qualification for people who work in health and social care. Staff told us they received a good induction when they commenced work at St Joseph's which involved shadowing other more experienced staff for up to five days which meant they knew and understood people's needs before commencing in their role.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager had ensured when people lacked the capacity to make certain decisions about the care they received they had involved others in the decision making process to ensure any decisions were made in their best interests.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked to see if 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.

The registered manager told us they had submitted 11 applications to the supervisory body which had been authorised. The registered manager understood how this affected people's care and was able to give us examples of why they were depriving people of their liberty. We looked at records for people who had authorised DoLS to see if the conditions of the authorisation were being met and found that they were. However, staff we spoke with had a mixed understanding of what this meant for people and could not explain to us who was being deprived of their liberty and why. Although we saw staff were providing care in

the least restrictive way, it is important for staff to have the knowledge of why people's liberty is being restricted in line with their legal requirements. This can indicate there was a risk that people might not be supported in line with their legal requirements.

Staff told us they understood the need to gain permission from people before they provided any care. Staff understood they could not provide any care which people did not consent to. We saw staff gained consent in different ways from people before providing them with care. For example, we saw staff offered to wipe a person's hands and waited until the person offered their hands before providing the care. The registered manager gave us an example how one person who wasn't able to communicate verbally consented to their care and made staff aware of whether they wanted them to continue with their personal care.

We received mixed views from people regarding the food at the service. One person said, "It's not brilliant, but it is good". Another person said, "The food is alright. There's always enough and you don't go hungry". A relative commented, "The food could be a little more interesting". We saw people had a choice of where to eat their lunchtime meal. The lunch menu was displayed offering the choices available for lunch that day. We saw one person being supported by staff to eat their lunch. We spoke with the cook who was knowledgeable about people's nutritional needs and any specific dietary requirements. For example, they told us who had soft diets and who required nutritional support to manage specific health conditions. We saw people were offered hot and cold drinks at specific times throughout the day but could ask for drinks at all times during the day. This meant people were supported to manage their nutritional needs.

People all told us they received support from other healthcare professionals when their health needs changed. One person said, "There is a set period of time when the chiropodist comes in, and the doctor visits regularly". A relative told us, "They won't wait to call the doctor if needed". The registered manager told us the district nurse and doctors visited the service and records confirmed other health professionals had been contacted when necessary. This meant people had access to healthcare professionals when required to meet their health needs.

Is the service caring?

Our findings

At our previous inspection in September 2015 we rated the provider as good in this key question. At this inspection we found the provider had not maintained the standards required of this rating.

Everyone we spoke with told us the staff were kind and caring. One person said, "We are well looked after. All we have to do is ask for anything that we need and they [staff] are always obliging". Relatives also shared this view. One relative said, "[Name of relative] has always been treated with respect and dignity".

Whilst we saw individual staff were kind and caring the providers systems and processes did not always ensure that people received compassionate care. The registered manager had not considered how staffing levels may impact on the amount of time staff had to spend with people. We saw people spent periods of time with little or no interaction from staff. We saw there were missed opportunities for staff to interact with people. For example, we saw staff offered people a drink from the trolley but did not use the opportunity or have the time to spend time with people to chat or to ask them how their day was. The registered manager and staff told us they did not always have time to spend with people. We saw whilst some people spent their time sleeping in the lounge we saw others just sat with no interaction with people or staff as there were no staff available in the lounge to interact with them. However, we saw when staff did interact with people we saw positive relationships had developed and staff engaged with people in a positive way. For example, we saw a member of staff crouching next to a person who was sat down to speak with them at eye level which meant they could hear and understand the person better. We saw staff shared jokes with people and people smiled and laughed with staff.

People and their relatives told us staff treated them with dignity and respect. One person said, "They have respect which is good". A relative said, "Dignity and privacy is respected, for instance they are not patronising and speak with dignity". Although staff we spoke with understood how to respect people's privacy and dignity we saw one instance where a member of staff had left the door open whilst a person was in the toilet. The registered manager said this was unusual for the member of staff but would speak with them regarding the incident.

People told us they had choices about their care and staff respected them. One person said, "We can get up and go to bed at any time we want". We saw people were involved in decisions about their care and were offered choices throughout their day. We saw people were asked if they wanted to join in with activities, we saw people were given choices about where they ate or where they wanted to sit. This enabled people to feel involved as much as possible in their day to day choices.

We saw people were encouraged to maintain relationships that were important to them. We saw relatives were made welcome when they visited the home and felt comfortable talking with the registered manager, staff and other people within the service. The registered manager told us some relatives visited to take their family out on trips.

Is the service responsive?

Our findings

At our previous inspection on September 2015 we rated the provider as good in this key question. At this inspection we found the provider was no longer meeting the standards required for this rating.

We looked at the arrangements for supporting people to participate in activities and maintain their interests and hobbies. We received mixed views from people about how they could spend their time. One person told us, "Everyone gets bored here". Relatives told us staff had taken people out on trips to such places as Stratford Upon Avon and a garden party had been held recently for relatives to attend with their family members. We saw group activities were offered such as skittles. We saw some people spent their day knitting or reading. We saw staff respected people's views when they chose not to join in however we saw no alternative activities were offered to people when the group activity was declined. We spoke to the registered manager about how people spent their time and how personalised the activities were and how people were encouraged to maintain their own individual hobbies and interests. We found people had leisure activities to participate in in groups if should they chose. However, we saw little evidence to suggest that activities were tailored around people's individual needs. The registered manager and provider told us they would be developing this in the future.

We recommend that the service explores the relevant guidance on how to make environments more 'dementia friendly' and how to provide meaningful stimulation and occupation to people who live with dementia.

Although people couldn't recall being involved in the initial stages of implementing their care plans, relatives told us they were kept informed about their family members care. They explained the registered manager called them to discuss any changes. One relative told us they had been involved in the initial setting up of their family members care plan and had also been involved in regular reviews about their the person's ongoing care needs. People told us they had choices about their daily routines and staff respected them. Two people told us they chose when they went to bed. One said, "We can get up and go to bed anytime we want". Staff knew people well and how to respond to their individual needs. Staff knew people's preferred routines, what they liked to eat and drink and how they liked to spend their day. For example, staff explained to us which people chose to go to get up early and where some people chose to spend their time. The registered manager gave us an example of how they communicated with one person using flash cards so as they could be supported to choose meals they wanted to eat. We found the registered manager had considered people's spiritual needs. For example, two people told us their faith was important to them and commented, "If we want to go to church staff will take us. The priest also comes in to see us". Records we saw detailed people's individual preferences. This meant people had choices about their care and received care which met their individual needs. However we found the system operated by the provider did not always ensure people received individualised care in line with their care plans. We found although staff knew the needs of people living at St Joseph we saw staff did not always provide the care people were assessed to receive. For example, we saw staff used an unsafe technique to move one person. This meant people were not always in receipt of care to meet their individual and personal needs.

People at St Joseph's and their relatives told us they would complain to staff or the registered manager if they had any concerns, but they had never had any reason to complain as they were happy with the care they received. One person told us, "If I wanted anything done or had a complaint I would talk to the manager. They listen. They really do". The registered manager told us there was a complaints system in place and should anyone complain it would be recorded and investigated, however they had not received any complaints recently. One relative told us they had the opportunity to complete a satisfaction survey recently to give feedback on their experiences of the care their family member received. The provider had a system in place should people and their relatives wish to complain.

Is the service well-led?

Our findings

At our last inspection in September 2015 we rated the provider as requires improvement in this key question. We found they were in breach of the regulation regarding the condition on their registration to have a registered manager. This was because there was no registered manager in place at the time of our inspection. At this inspection we found there was now a registered manager in place which meant the provider were now meeting the requirements of the law. However we found there were other areas where improvements were still required and they were now not meeting the requirements of the law in other areas.

We found the provider operated a quality assurance system which included audits of medicines and people's care records. Whilst we saw there were regular audits of people's medicines but they were not effective because they had not identified when staff had failed to record when people had received their medicine or check that people had received all their medication as prescribed. The registered manager who told us they would extend their audit checks to ensure these areas of concern were highlighted and action could then be taken to rectify these errors. We saw risks to people's health and safety were not always managed safely and the governance system had not highlighted these concerns. We saw the registered manager recognised when one person had received unsafe care and took no action to prevent it. We saw the system in place did not ensure people had the skills and knowledge to carry out their duties to provide safe, effective and responsive care. We saw staffing levels had not been calculated in accordance with people's assessed needs but had been calculated using ratio's. This indicates the registered manager has not kept themselves up to date with current practises used to calculate staffing levels. However, we saw the governance system also included audits of people's care records to ensure people's care had been reviewed regularly and care records had been signed by staff to say they understood how to meet people's latest care needs. These did not include where people were subject to restrictions on their liberty. However, we saw regular audits were completed on equipment used by people at the service to ensure it was safe for use. We found improvements were required in the governance system operated by the provider to ensure the care people received was safe.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Good governance.

Staff told us they were supported by the registered manager and that they enjoyed working in the service. One member of staff told us, "We all work together as a team, both day and night staff". We saw the registered manager knew people well and that people and their relatives were comfortable speaking them. One person told us, "She is there if you want her". A relative told us they thought the service was well managed because "[Name of registered manager] has her finger on the pulse." We saw people and their relatives were comfortable approaching staff, the registered manager and the provider and were happy chatting with them. We saw staff were happy in their role which contributed to the positive culture within the service.

Staff told us they were supported to express their views and opinions about the service in regular staff meetings and through regular regular supervisions with the registered manager. One member of staff said, "We have

staff meetings every month and you can say what you want". Another member of staff explained to us both the provider and registered manager had been particularly supportive regarding their employment at the service. The registered manager had ensured staff understood their responsibilities in reporting any suspected abuse and where to go outside of the organisation to report any concerns should they need to.

The registered manager and provider told us how they involved staff and people in the running of the service. For example they explained one member of staff had built a gazebo in the garden for people to enjoy. They told us they had plans to improve the running of the service in the future. For example they were planning on moving the registered managers office downstairs so as the registered manager was more accessible to people and their relatives should they need to approach them at any time.

Registered providers are legally required to display the ratings awarded by the Care Quality Commission (CQC). The most recent rating was displayed within the home. Organisations registered with CQC also have a legal responsibility to notify us about certain events and about incidents that had taken place. The provider had ensured that notifications had been submitted to CQC as required by law.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people's health and safety were not being managed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems were ineffective.