

Father Hudsons Society

St Joseph's

Inspection report

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Date of inspection visit:
07 March 2023

Date of publication:
21 March 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

St Joseph's is a residential care home, providing personal care and accommodation for up to 59 people. It provides care to older people, some of whom have dementia. Care is provided on four 'wings', known as Jade, Ruby, Topaz and Pearl, across two floors. Short stay 'respite' care is also available. Each 'wing' has a communal lounge, dining area and kitchenette. There are also spacious communal conservatories. The home has secure gardens people can access. At the time of our inspection visit 54 people lived at the home.

St Joseph's is part of Father Hudson's Care, which is the social care agency of the Catholic Archdiocese for Birmingham, a registered charity. The home has its own Chapel and offers daily Mass for those wishing to attend.

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

There were enough staff to provide safe and effective care. The registered manager reviewed staffing levels with senior staff to ensure they accurately reflected people's needs. Staff understood their safeguarding responsibilities and people and their relatives felt the care provided at St Joseph's was safe.

Risks to people's health and well-being had been identified and thoroughly assessed. Records contained very detailed information on how staff should mitigate risks to people's physical and emotional health and how to identify any deterioration in their medical conditions. Medicines were ordered, stored and disposed of correctly and administered by staff who had been trained and assessed as competent in safe medicines practice.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider and registered manager had systems and processes in place to audit the quality of the services provided. The management team were knowledgeable and familiar with the needs of the people they supported, and staff spoke of a positive culture which motivated them to deliver person centred care. Relatives told us communication was good and they felt able to share feedback and ideas.

Managers and senior staff promoted a culture of honesty and learning from mistakes. Accidents, incidents and safeguarding concerns were reviewed to identify any organisational learning. Healthcare professionals spoke positively about the working relationships they had developed with the service.

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

Rating at last inspection

The last rating for this service was requires improvement (published 8 August 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service which indicated improvements had been made since our last inspection. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Joseph's on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

St Joseph's

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors 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.

Service and service type

St Joseph's is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. St Joseph's is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service, an independent advocacy service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider had completed a Provider Information Return (PIR). A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with 9 people who lived at the home and 9 of their relatives. 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 11 members of staff including the registered manager, the deputy manager, 3 senior care leads, 1 care lead, 4 care assistants and a member of the housekeeping team. We spoke with 2 external healthcare professionals for feedback on their engagement with the service.

We reviewed 5 people's care records and 5 people's medicines records. We also reviewed records relating to training, recruitment and quality assurance.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using Medicines Safely

- Improvements had been made since our last inspection and overall, medicines were managed safely. This included how they were ordered, stored, administered and disposed of.
- Medicines were administered by staff who had been trained and assessed as competent.
- Where people were prescribed medicines to take 'as and when required', protocols were usually in place to guide staff on when to administer them to ensure they were given consistently. We found two instances where protocols were missing. The registered manager took immediate action to implement these following our visit.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at St Joseph's when supported by staff. One person told us, "I do feel safe; the staff attitude is good, and I get a lot of attention." Another person commented, "I feel safe, there's plenty of people to ask if needed."
- One relative told us, "This is the safest place for [person]. Far better than the safety we could provide at home. I couldn't speak more highly of the care [person] receives from these staff. It is not a job to them, it's a vocation."
- Staff understood their safeguarding responsibilities. One staff member told us, "Safeguarding is all about the wellbeing of the residents. We would report anything that wasn't quite right. I do think I would be listened to but if not, I would go to the office or take it further if I needed to." Another staff member told us, "I would blow the whistle and take it further. We are here to give our all for these residents."
- The management team were clear about their responsibilities to safeguard people. Safeguarding concerns were reported to the local authority and CQC as required by the regulations.

Assessing risk, safety monitoring and management

- Risks to people's health and well-being had been identified and thoroughly assessed. Records contained very detailed information on how staff should mitigate risks in areas such as moving and handling, diabetes, epilepsy and nutrition.
- Where people had diagnosed medical conditions, there was guidance for staff on the signs they should be aware of to indicate a deterioration in health.
- Some people could place themselves or others at risk at times of distress or anxiety. There was detailed guidance for staff as to potential causes for these behaviours and the approach they should take to provide reassurance and mitigate risks. A relative told us, "Staff are very good with distraction techniques; they know how to respond to people."
- Staff were allocated to specific 'units' in the home and knew people's individual risks very well. An external

healthcare professional spoke of the "staff's intimate knowledge of all their residents" and told us, "They are alert to changes in health and will proactively take simple observations like blood pressure or temperature."

- Relatives told us risks were well managed. Comments included: "The care team have great handover notes" and, "The skin care has been wonderful. If there have been any issues, they have called the doctor or nurse."
- Each person had a Personal Emergency Evacuation Plan (PEEP) which detailed how to support the person in an emergency.
- Regular building and equipment safety checks were completed.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. There were no conditions related to DoLS authorisations at the time of our inspection visit.

Staffing and recruitment

- There were enough staff to provide safe and effective care. Staff were allocated to ensure oversight of communal areas and were able to respond to people's needs in a timely way.
- Staff generally felt there were enough staff to maintain people's safety, but told us it could be challenging at busy times of the day. One staff member told us, "I do think there are enough staff. It is a busy job, but we are not running around cutting corners."
- Whilst relatives had confidence in staffing levels, we received mixed feedback from people. One person told us, "There's always plenty of staff. I've used my bell a few times and there's no delay in them coming." Another person told us, "There's staff around all the time." However, 3 people told us they sometimes had to wait for assistance.
- The registered manager assured us they regularly consulted with senior staff to ensure staffing levels reflected people's changing needs. They explained how a 'floating' member of staff was put on the rota each day to support the units at busier times.
- Staff were recruited safely. Pre employment systems included reference and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the

premises.

- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- There were no restrictions in place and people were free to have visitors as and when they wanted. Relatives confirmed they were able to visit regularly and stay as long as they wished to.

Learning lessons when things go wrong

- When people had accidents or were involved in incidents, lessons were learned to prevent the same thing happening again.
- Staff recorded and reported accidents and incidents to the registered manager to ensure an effective review to avoid re-occurrence. For example, one person had an increased number of falls, the cause of which had been clearly explored. Action had been taken to reduce the likelihood of these happening again, whilst respecting the person's independence.
- The registered manager completed monthly reviews on all accidents and incidents to identify any patterns and trends.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Improvements had been made since our last inspection to ensure food and fluid charts were completed in a timely and accurate way. However, we found repositioning charts and fluid output records did not demonstrate the same level of accuracy. The registered manager assured us this would be addressed with staff.
- The provider and registered manager had systems and processes in place to audit the quality of the services provided.
- Where audits had identified improvements were needed, these had been incorporated into a service development plan. For example, the registered manager had identified improvement was needed in safe medicines practice through their internal audit programme. They had implemented an action plan to drive forward the required improvement.
- The management team were knowledgeable and familiar with the needs of people they supported. One relative told us, "They are very hands on and seem to know everybody individually."
- Staff told us the home was well led. Comments included, "There is more structure now. We feel like we know where we are. The manager follows things through. Any problems we go to them and they will listen" and, "If you have got any problems at all, they [registered and deputy manager] are there. They will try and sort out any issues."
- Staff told us there was a positive culture within the home which motivated them to deliver person centred care. One staff member told us, "We have a good staff culture. It is a team effort to make the lives of the residents better. I don't think there is any staff member who isn't here for the residents." Another senior staff member told us, "I would 100% recommend this place as a great place to work. I love it here. We have a great bunch of staff. I don't have to think twice and tell them what to do because they are always two steps ahead. They ultimately work hard to improve each resident's day."
- Relatives also spoke positively of the leadership at St Joseph's. One relative told us, "The manager is lovely and caring and very positive. The home appears very well managed."

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

- Staff had regular team and supervision meetings and consistently told us managers had an 'open door' policy. One senior member of staff who supervised other staff told us, "I want their ideas, I want them to tell me if I put things in place that don't work well because they are on the floor more. I want them to tell me if

things aren't right so we can resolve them."

- Relatives told us communication was good and they felt able to share feedback and ideas. One relative commented, "It is really good integration and they ask for our ideas. It is good two-way communication." Another told us, "I don't have to ask, they tell me. I would give them ten out of ten for communication."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The provider apologised to people, and those important to them, when things went wrong. One relative told us when they were not told about a change in their family member's health, "I had a full apology."
- Managers and senior staff promoted a culture of honesty and learning from mistakes. One senior member of staff explained, "Everyone makes mistakes and if you put your hand up, we can move on and learn from it."
- Accidents, incidents and safeguarding issues were reviewed by the registered manager to identify any organisational learning and improve outcomes for people.

Working in partnership with others

- The provider was involved in provider engagement groups which aimed to help improve care services.
- Healthcare professionals spoke positively about the working relationships they had developed with the service. Comments included: "We have got a fantastic relationship with the management team and all the staff. They are very responsive and reactive" and, "Nothing is considered too much trouble to facilitate patient care."
- The provider was engaged in a local initiative which involved regularly monitoring people's oxygen levels, pulse rate and blood pressure to identify signs of ill-health early to reduce demands on GP and hospital services. One healthcare professional told us, "They embraced the remote monitoring system ahead of the extra work because they could see the end results. They were the first to go onto it and they were brilliant. They helped sort out all the problems for the benefit of everybody else."