

Little Sisters of the Poor St Joseph's Home - Birmingham

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This unannounced inspection took place on 21 and 22 June 2016. Our last inspection of this nursing home was in July 2014. At that time we found the provider was compliant with the requirements of the law and meeting the needs of the people living at the home.

St Josephs is a nursing home within a convent. It can provide accommodation and nursing care for up to 38 older people. At the time of our inspection there were 37 people living at the home.

There was a registered manager in post; they were present throughout 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.

The staff team had been provided with training on how to protect people from abuse. Staff we spoke with were able to explain a variety of actions and checks they took both individually and as a team to ensure people received the support they needed and were protected where ever possible from harm.

Medicine administration records and stocks of medicine available in the home did not show that people were always getting their medicines at the frequency or in the doses that their doctor had prescribed them. There were more medicines available than records stated there should be. This meant people's medical conditions were not always being well managed by the use of their prescribed medicines. After the inspection the registered manager informed us of the action they had taken to ensure medicines management improved.

Staff had got to know people well over time, and people we met were happy with the staff who supported them.

People could be certain that their legal and human rights would be protected.

People were being supported to maintain and improve their health. Strong links had been developed with a wide variety of health care professionals and medical staff to ensure people were assessed and treated to help them maintain good health.

People told us they enjoyed the food served and people were given the support they required to eat a wide variety of foods and drink enough to stay healthy.

We observed and heard exceptionally caring and compassionate interactions between staff and people throughout our inspection. People and their relatives consistently praised the approach and attitude of the entire staff team.

There had been no complaints made about the service. There was a robust policy and system to respond to concerns and complaints. This was available in different formats around the home.

The activities and opportunities available to people were varied and people had been supported to attend events that were important to them within the home and the local community. Activities that were of interest to individuals and small groups had been developed as well as activities that appealed to the majority of people living at the home. People benefitted from a wide range of communal spaces in addition to those on the units in which they lived. These included a large dining room on the ground floor, a library, a craft room and a shop staffed by volunteers. There was a chapel where Roman Catholic mass was celebrated daily that people living in the home could attend.

The systems in place to check on the quality and safety of the service had not always been effective. Areas that required improvement and development had not consistently been identified. The manager had ensured that aspects of the home were audited however the outcome of audits had not been used to drive the service provided forward. This had not resulted in people experiencing poor care, but undertaking these audits would have provided the registered provider with assurance about the quality and safety of the service and could have resulted in improved outcomes for people. There was a registered manager and we received consistently positive feedback about their work in the home.

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 always safe.

People could not be confident they would always receive their medicines safely or as the doctor had prescribed.

Risks people experienced had been assessed. They had not always been kept under review or action taken to reduce the chance of reoccurrence.

People were supported by staff that they knew well.

People did feel safe while receiving a service at this home.

Is the service effective?

Good ●

The service was effective.

People were supported by staff with the skills, knowledge and experience to meet their needs.

Food and drinks were available to meet people's needs and preferences and in adequate quantities to help people stay healthy.

There were opportunities to maintain good health. People received good nursing care and had access to a full range of health professionals.

People were by supported by staff who protected their human and legal rights.

Is the service caring?

Good ●

The service was caring.

People were supported by a team of staff that consistently showed them kindness and compassion.

Staff worked in ways that protected the dignity and privacy of people.

Opportunities were provided each day for people to practice and celebrate their religion.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was individual to them.

There were opportunities every day to participate in activities that were interesting and reduced the risk of social isolation.

There was a complaints procedure and people felt confident that matters they raised would be considered and resolved.

Is the service well-led?

Good ●

The service was well led.

The systems in place to monitor and improve the quality and safety had not consistently been effective.

People had confidence in the registered manager, and reported their satisfaction with this home.

The registered manager consulted people about how the home was run and involved people in proposed changes.

St Joseph's Home - Birmingham

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 21 and 22 June 2016 and was unannounced. The inspection was undertaken by one inspector and a specialist advisor. A specialist advisor is a professional who has qualifications and experience related to the people who use this type of care service.

We looked at the information we held about this service. This included information we had received from relatives, the local authority commissioner and the statutory notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law.

We spoke with 16 people who lived at the home. Some people's needs meant they were verbally unable to tell us about their experiences and we observed how staff supported these people throughout the inspection using our short observational tool for inspection (SOFI).

During the inspection we spoke with two health professionals, the relatives of four people, kitchen staff and six care staff. We looked at the medicine management processes and at the records maintained by the home about staffing, training and monitoring the quality of the service.

Is the service safe?

Our findings

People could not be certain that their medical conditions would be well managed as their medicines had not always been given as prescribed. We looked in detail at the medicine management for 14 people living in the home. Medicine administration records and stocks of medicine available in the home did not show that people were always getting their medicines at the frequency or in the doses that their doctor had prescribed them, as more medicines were available than records indicated there should be.

Some people had chosen to administer their own medicines. People had been assessed to ensure they were able to do this safely, however we observed medicines in people's rooms that were not secured. On occasions people had entered the wrong bedroom in error and some people's medical conditions meant they would not fully comprehend the risks relating to medicines. This practice placed these people at risk. There was no written evidence of how the risks associated with this practice had been assessed and staff we spoke with could not explain how this risk was managed either. We observed two nurses administering medicines. One nurse did not always follow safe practice guidelines that have been written to reduce the risks of medicines errors occurring. We observed one nurse carrying three pots of medicines for different people around the home. This practice is not consistent with good medicines administration as detailed in professional guidelines written by the Nursing and Midwifery Council (NMC).

Some medicines [controlled drugs] require extra secure storage and more frequent checks to ensure they are being safely managed and used. These checks were not always well documented. The registered nurses had undertaken checks and audits of the medicines management, but these had not been effective and they had failed to pick up the issues with medicines. Some people had been prescribed medicated creams. The application of these had not been well recorded, and from records it was not possible to establish if they had been given as required. Staff we spoke with were aware of the creams people had been prescribed, but also could not confirm they had always been applied as prescribed. We observed medicine storage cupboards and treatment rooms that had not been secured. This meant people had unsupervised access to medicines, and medical equipment which if not used safely could have caused people harm.

Following our inspection we received information from the registered manager and the registered provider informing us of the action they had taken and planned to take in the future to ensure medicines management improved.

While one nurse did not follow medicines best practice guidelines we also observed another nurse patiently and safely supporting people to take their medicines and explaining what they were for. People we spoke with told us they were happy with the way their medicines were offered to them. Comments from people included, "Staff give me my medicines. I have never had any problems with it" and "If I ask for pain killers they bring them straight away."

Staff told us they had received recent training in safeguarding adults, and records of staff training confirmed this. Staff we spoke with described how they would respond to allegations or incidents of abuse. Staff told us that people were safe and explained to us the actions they took each day to ensure people's safety was

maintained. The registered provider had developed a safeguarding procedure which provided staff with the information they would need to ensure incidents or allegations of abuse would be reported as required and that people involved would get the support they needed.

The nursing staff had identified possible risks to people's safety and had completed risk assessments for relevant risks to each person. Examples of these included risks to people's health such as not eating or drinking enough and the risk of getting sore skin. We found these assessments had resulted in the risks being well managed, however the recording to show staff had supported people in line with the risk assessments had not been fully completed. People who wished and were able had been encouraged to be as independent as possible and to take risks. People we spoke with described the support they had to ensure they were as safe as possible for example when leaving the home. We identified two incidents that had occurred recently within the home. Staff described the actions they had taken to respond to the incident and records were available that supported this. However the incidents had not resulted in the people's risk assessments or support needs being reviewed. Undertaking a review of the incident in this way would ensure the risks associated with the event re-occurring would be explored and that action could be taken.

People, relatives and staff told us that there were enough staff on duty. A person told us, "Yes there are enough staff- usually good numbers on." A relative told us, "There are always enough staff on. The nurses are very competent." One person people told us there were not always enough staff on duty at night to respond to their needs promptly and that when staff were off sick it was sometimes hard to get support from staff. We observed that many people required the support of two staff to meet their support needs. The number of staff on duty as shown on the staffing rota did not always reflect this level of need. The registered provider assured us there were adequate numbers of staff on duty, and we found no evidence that the arrangements in place had resulted in a negative experience for people using the service.

Everyone we spoke with told us they felt safe. People's comments included, "I'm so happy with everything," and "I feel really safe. There's nothing I fear or feel worried about here." One person we spoke at length with had fallen over in the past. They described the speedy and thorough action taken by staff. They told us, "I once fell, I pressed my buzzer and staff came very quickly. They checked me over before helping me to get back up." The person described the complete confidence they had in the staff to respond to any emergency. Relatives of people living at the home confirmed they also felt their relative was safe in the home. One relative told us, "My Mum is completely safe here. I have no worries at all."

The majority of people we met required help to move around the home and some people also required the use of a hoist to transfer from one piece of furniture to another. We observed staff supporting people using safe techniques, using equipment skilfully and giving people time to move at their own pace.

Staff we spoke with who had been recruited recently described the recruitment checks they had been subject to prior to starting work at the home. Recruitment checks are a way of ensuring new staff are suitable to work with people. The two recruitment files we looked at contained evidence to show robust recruitment checks had been undertaken.

There were systems in place to ensure the premises of the home remained well maintained and to ensure they offered people a homely, comfortable and safe place to live. We saw that checks had been made of the services and equipment provided to ensure they were all in good order and safe to use.

Is the service effective?

Our findings

People told us they felt confident that staff had the skills and experience required to support them. Staff we spoke with described their induction, training and development and confirmed they felt well skilled and supported to undertake their work. One member of staff told us, "I had a five day induction and worked through an induction booklet. This combined with my previous knowledge made me feel very confident when it was time to start work on my own." A registered nurse told us, "Training has been good. I feel confident I will be able to meet the demands of re-validation." [Re-validation is a process operated by the nurses governing body, the NMC to ensure nurses remain fit to practice.] Staff told us they felt supported to undertake their role. Staff we spoke with described both informal and formal support systems. These included supervisions with a senior member of staff. One member of staff we spoke with told us, "I feel well supported by my manager and my colleagues." We reviewed the providers training records and confirmed that staff had been offered the training they required to provide care which would meet people's specific needs.

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 mental capacity to take particular decisions, any decision made on their behalf must be in their best interests and as least restrictive as possible. During the inspection we observed and heard staff seeking consent from people regards their every day care needs. We heard staff asking people how they would like to be supported, where they would like to sit and what they would like to eat and drink for example. We heard one member of staff say, "Is it okay to move you now? Have you had enough breakfast?"

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 procedures for this in care homes 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. The service had identified potential restrictions to people's liberty and had made the appropriate applications for these. Staff we spoke with were aware of the restrictions relevant to individual people, and so were aware of the support people needed to help keep them safe, and promote their liberty as far as possible.

People were being offered enough food and drink and support with eating and drinking to protect them from the risks associated with dehydration and malnutrition. People told us the food was good and that there was plenty to eat and drink. People's comments included, "The food is always delicious. It is fresh and hot," and "The food is always very good." People had been provided with adapted cups and crockery if they needed this to enable them to be as independent as possible. We observed the main meal at lunch time in two different dining rooms during our inspection. In each one the atmosphere was relaxed. The meal time was very much a social occasion and people enjoyed getting together. People had the support they needed from staff to eat and enjoy their meal. One person we spoke with told us, "I appreciate seeing the time and patience staff have with people who can't feed themselves. That gives me great comfort that they will help

me when I can no longer feed myself." We looked at the support offered to people who were at risk of not eating or drinking enough. These people were often being cared for in bed. People had been risk assessed and monitoring records were in place to enable staff to gauge if they needed further support. This support was being effective as people were gaining weight and maintaining good health.

Everyone we spoke with told us they were happy with the support they received to stay healthy. One person told us, "Staff or my family help me with my health. I see the Doctor, optician and chiropodist regularly. When I need it staff will help me get to specialist appointments such as at the hospital." Two health professionals we spoke with told us in their experience people living at this home received good healthcare. They told us that staff had the relevant knowledge about people's needs, which often meant people were well informed about their condition and treatment. We observed people wearing the glasses and hearing aids they were assessed as needing, and with access to the mobility equipment they required.

People experienced a range of nursing and support needs. We found these needs had been underpinned with assessments and care plans to ensure their needs were known, that people's wishes about how the needs would be met had been made clear and the matters could be effectively monitored. The plans showed people's needs had been well met, that the appropriate health professionals had been consulted and people's needs had been kept under review. This ensured people received the support they required to maintain good health.

Is the service caring?

Our findings

We received consistently positive feedback from people, their relatives and health professionals about the caring and compassionate way staff supported people. Their comments included, "The staff are all amazing, so gentle and compassionate," "Everything here is really good. We are treated like royalty. Honestly we have every kindness and every comfort." One visitor to the home told us they had visited their friend weekly for a number of years, they told us, "I have come every week for years. It is consistently good care." Another visitor told us, "It is outstanding care. I would have no hesitation in recommending it." The observations we made over two days supported these views, as we observed staff valuing the people they were caring for and doing their utmost to treat people kindly and as individuals. Staff displayed warmth, respect and patience. When people had difficulty expressing themselves we saw staff listen carefully to make sure they understood what the person was saying.

We observed staff doing all possible to respect people's privacy and dignity. This included discreetly wiping people's faces and hands after meals and attending to people's hair. When carrying out tasks staff explained to the person what they were doing, such as preparing to use the wheelchair or assist them with eating. People we spoke with described the ways staff supported them to maintain their dignity. One person told us, "I have a shower twice a week. Staff settle me into the shower, pull the curtain and then leave me to wash myself. I call them when I have finished. It is a good way to ensure I am safe, help me stay independent and maintain my dignity." Another person told us, "I'm completely dependent on the staff, they have to wash me and toilet me. It's hard to receive care like that when you have been independent all your life. They are so tactful and discreet."

We observed numerous positive interactions between staff and people using the service. This included staff spending quality time engaging with people, talking, reassuring them about the time and place, and what else would be happening during the day. We observed one interaction between a person and a member of staff. The staff asked, "Shall I get your chariot?" [referring to their walking frame]. The person and staff were seen laughing and smiling both enjoying this interaction. Staff were familiar with people's preferred names and introduced people as they wished. Staff respected confidentiality and had discreet conversations with people about private matters without other people listening to their conversations.

Relatives and friends were able to visit without restriction. We heard staff talking with and providing support to visitors about matters of concern to them and updating them about their relatives care. Staff made visitors feel welcome and we observed them being offered refreshments or the opportunity to take a meal in the home.

Most people living at St Josephs practiced the Roman Catholic faith. People were supported to attend mass each day or to listen to it in their rooms if they wished. There were opportunities to receive Holy Communion and to be visited by a priest if people wished. Around the home we observed religious symbols, statues and pictures that were of significance to people and which helped them practice and maintain their faith. People we spoke with told us how important this was to them, and one person told us, "I have been a Catholic all my life. It is important for me to be here." The registered manager informed us they had supported people of

other Christian faiths at the home, and had developed links with religious leaders of other faiths, who would visit people at the home if required.

Is the service responsive?

Our findings

People we asked told us they had been involved in the planning of their care. People and their relatives told us that they had been asked for information about their life, preferences and wishes when they first moved into the home. This had been used to develop a specific section of the care plan about the person's life history and had been included in other relevant sections of the care plan. Staff we spoke with all had a detailed knowledge of the people we asked them about, and during the inspection we observed staff referring to people, places and events that brought people comfort or made them laugh. People told us that staff knew their individual ways and preferences. The registered manager described how whenever possible they visited people in their own home before they moved into St Josephs to help them obtain a better understanding of the person. They described how this had benefitted people, one example was that they had helped a person set up their bedroom to reflect their own home, this had helped the person to settle with greater ease.

The range of activities and opportunities available to people to occupy their time reflected people's interests and lifestyle prior to them moving into the home. Some people and members of staff told us about activities and events that people really liked. One person told us, "There are plenty of things to do. I go to mass most days, rosary if I can. There are crafts, a chance to sit out in the garden, day trips sometimes, quizzes and films. I'm happy with all that there is to do here." Another person told us, "I have a lovely view over the park; I mostly stay in my room but I can join in if I want. I do go to Mass, mostly every day." People were aware of the activities available each day, and we saw copies of the weekly activity programme had been displayed around the home. People described with pleasure some of the local trips they had been on. The dedicated activity staff had taken photos of people enjoying a wide range of crafts, poetry, quizzes, parties and electronic games. People benefitted from a wide range of communal spaces in addition to those on the units in which they lived. These included a large dining room on the ground floor, a library, a craft room and a shop staffed by volunteers. There was a chapel where Roman Catholic mass was celebrated daily that people living in the home could attend.

There were activities for people who were being cared for in bed, the frequency of these was not always enough to ensure the person would not feel isolated. The registered manager and activities workers were both aware of this and were able to describe the plans that were in place to improve this situation. The home was providing activities of interest to people which improved their quality of life and helped them maintain their individual interests.

No one had raised any formal concerns about the home. The registered manager was able to show us how complaints would be investigated, and we observed copies of the complaints policy around the home. People told us they would feel comfortable to raise concerns with a member of the leadership team. One person told us, "They are always telling us that anyone can make a complaint, and they would consider it for you." Another person described how the registered manager and manager of the unit were 'accessible' and 'visible' and that they would feel able to approach them at any time if they had a concern.

Is the service well-led?

Our findings

There was a registered manager in post. The inspection identified many very good outcomes for people living at the home, and the feedback from people and their relatives was consistently positive. However the systems in place to had not always ensured that audit findings were used effectively.

People and their relatives shared with us ways in which they were involved in the running of the home. Their comments included, "They often have questionnaires and surveys and ask us how we feel about different aspects of the home." The registered manager had arranged meetings with people who use the service and their relatives. Where these had been poorly attended the registered manager had made contact with people on an individual basis to ensure they had chance to provide feedback about the running of the home and their experience and to be kept up to date with any changes and developments.

The registered provider had commissioned audits and reviews by an external company to ensure they were aware of the strengths of the service and where development was still needed. Issues, including medicines management and the recording of topical creams had been picked up in an external audit three months prior to our visit but had not been fully acted on. The registered manager had also developed and implemented a number of audits that they completed themselves or delegated to other staff. At meal times we saw the chef visiting each of the units to ensure the meals had arrived at the correct temperature and that people had enjoyed them. They told us this was an important way of ensuring people were satisfied with the food provided and checking the quality of it. The registered manager shared with us audits that had been last undertaken with people using the service in 2014. These had resulted in some positive outcomes for people at that time, with changes to the menu, the opportunity to have a specific meal they requested or provision of specific activities for example. These audits had not been regularly repeated and there was no schedule of audits to confirm that each area of the homes operation would be reviewed in turn.

Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered manager was aware of the need to make notifications.

People and their relatives consistently told us they had positive experiences of living at St Josephs. Comments included, "I would recommend this home without hesitation. I have visited people in several homes and this has to be one of the best," and "The staff here are the kindest people, it's like a big family." Staff we met told us they were happy in their role and felt supported and motivated to provide a good service. Healthcare professionals we spoke with described the home in consistently positive terms. They told us the service was responsive, and that people received very good care.

People gave us positive feedback about the registered manager. One person told us, "The woman in charge is right here. On the spot. She has the authority to make decisions so you can ask a question and get an answer right away." Another person told us, "The manager is always about. You can easily 'catch her' if you need to speak with her or one of the staff will call her for you." The registered manager encouraged an open culture and described trying to operate a service that was honest and caring and fully focussed on the needs of the people it was supporting. The support provided was personalised and designed to enable people to

live the lives they chose. The registered manager had many years of experience of both providing both nursing care and leading care services.