

Franciscan Missionary Sisters

# St Josephs Nursing Home

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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 inspection took place on 28 September 2017 and was unannounced.

St Joseph's Nursing Home provides accommodation and nursing care for up to 24 older people. The home is built over two floors and shares a chapel with the adjacent Convent. The service was tailored for, but not limited to, people from the Roman Catholic Church. At the time of our visit there were 21 people living at the home. The people living there are older people with a range of physical needs and some people were living with dementia.

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

At the last inspection on 7 and 9 June 2016, the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicines were not always managed safely or recorded correctly. They were also in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not sought feedback from people for the purposes of continually evaluating and improving the service and some people were unhappy with the activity provision. The service received an overall rating of 'Requires Improvement', and after our inspection the provider wrote to us to say what they would do to meet the legal requirements in relation to these breaches. At this inspection we found improvements had been.

The provider had arrangements in place for the safe ordering, administration, storage and disposal of medicines. People were supported to get their medicine when they needed it. People were supported to maintain good health and had access to health care services.

People were encouraged to express their views and had completed surveys. Feedback received showed people were satisfied overall, and felt staff were friendly and helpful. People had access to and could choose suitable leisure and social activities.

People and relatives told us they felt the service was safe. People were protected from the risk of abuse because staff understood how to identify and report it. One person told us "This is a very safe place to be and I am content here"

Staff considered people's capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. Staff observed the key principles of the MCA in their day to day work checking with people that they were happy for them to undertake care tasks before they proceeded. The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

Staff supported people to eat and drink and they were given time to eat at their own pace. People's nutritional needs were met and people reported that they had a good choice of food and drink. One person told us "Very good, no complaints, let's put it this way the plate goes back always empty". Staff were patient and polite, supported people to maintain their dignity and were respectful of their right to privacy.

People's individual needs were assessed and care plans were developed to identify what care and support they required. People were consulted about their care to ensure wishes and preferences were met.

Staff felt fully supported by management to undertake their roles. Staff were given training updates, supervision and development opportunities. For example staff were offered the opportunity to undertake additional training and development courses to increase their understanding of the needs of people. One member of staff told us "We get training and updates, I have completed equality and diversity recently and moving and handling".

There was a homely and relaxed atmosphere at the home. People and relatives found the management team approachable and professional. One person told us "The manager is very accessible". Another person said "Management is here every day and I can talk to them anytime".

Quality assurance audits were completed by the registered manager to ensure a good level of quality was maintained. We saw audit activity which included medication, care planning and infection control.

## 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.

Staff understood their responsibilities in relation to protecting people from harm and abuse.

The provider used safe recruitment practices and there were enough skilled and experienced staff to ensure people were safe and cared for.

Potential risks were identified, appropriately assessed and planned for. Medicines were managed and administered safely.

### Is the service effective?

Good ●

The service was effective.

People received support from staff who understood their needs and preferences well. People were supported to eat and drink sufficient to their needs.

People had access to relevant health care professionals and received appropriate assessments and interventions in order to maintain good health.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff had a good understanding of and acted in line with the principles of the Mental Capacity Act (MCA) 2005.

### Is the service caring?

Good ●

The service was caring.

People were supported by caring and kind staff.

People where possible and their relatives were involved in the planning of their care and offered choices in relation to their care and treatment.

People's privacy and dignity were respected and their independence was promoted.

### Is the service responsive?

Good 

The service was responsive to people's needs and wishes.

Support plans accurately recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes.

People were supported to take part in activities within and away from the home. People were supported to maintain relationships with people important to them.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident that any complaints would be listened to and acted on.

### Is the service well-led?

Good 

The service was well-led.

People, staff and relatives found the management team approachable and professional. There was a calm and relaxed atmosphere at the service.

The registered manager carried out regular audits in order to monitor the quality of the service and plan improvements.

There were clear lines of accountability. Management were available to support staff, relatives and people living in the service.

# St Josephs Nursing Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The service was last inspected on 7 and 9 June 2016 where we found medicines were not managed correctly or safely and people had not been asked for their views or experiences of the service. Some people were also unhappy with the activity provision and told us that staff rarely had time to stop and chat. At this inspection we found improvements had been made.

This inspection took place on 28 September 2017 and was unannounced. The inspection team consisted of two 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. The expert-by-experience for this inspection was an expert in care for older people.

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 they do well and improvements they plan to make. We looked at this and other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about. We contacted health and social care professionals involved in the service for their feedback, three health and social care professionals gave feedback regarding the service.

During the inspection we observed the support that people received in the communal areas. We were also invited in to people's individual rooms. We spoke to eight people, one relative, five care staff, three domestic staff, the deputy manager, registered manager and the provider. We spent time observing how people were cared for as well as their interactions with staff and visitors in order to understand their experience. We also took time to observe how people and staff interacted at lunch time.

We reviewed five staff files, medication records, staff rotas, policies and procedures, health and safety files, compliments and complaints recording, incident and accident records, meeting minutes, training records

and surveys undertaken by the service. We looked at five people's individual records, these included care plans, risk assessments and daily notes. We pathway tracked some of these individual records to check that care planned was consistent with care delivered.

# Is the service safe?

## Our findings

At the previous inspection on 7 and 9 June 2016, the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicines were not always managed safely or recorded correctly. After the inspection, the provider informed us of what they would do to meet the legal requirements in relation to this regulation. At this inspection it was evident that improvements had been made and the provider was meeting the legal requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported to receive their medicines safely. Policies and procedures had been drawn up by the provider for staff to follow to ensure medication was managed and administered safely. Medicine administration was carried out by trained nursing staff that were deemed as competent to do so. The registered manager undertook medicines competencies. The competency examined staffs understanding of the medicine policy, procedures and knowledge of medicines.

Medicines were stored securely in a medicine room and appropriate arrangements were in place in relation to administering and recording of prescribed medicine. Medicines were administered three times a day and also as required. We observed medicines being administered at lunchtime by a member of staff who demonstrated that staff took care to ensure that the correct medicine was administered to the correct person and the medicines were in date. The member of staff was familiar with people and ensured they had the correct medicine for each person. The member of staff explained that any refusal of medication would be documented and re administered following a discussion on the most appropriate way forward with other staff or during a handover meeting with staff.

When required the member of staff reminded people what their medication was for and encouraged people to take them. Tablets that needed to be destroyed or returned a member of staff told us they followed the provider's policy to dispose of the medicine safely. Storage was secure and where needed some medicines were stored in a refrigerator. Regular checks were recorded to ensure the refrigerator temperature remained suitable. Some people were prescribed 'when required' medicines (PRN). There was clear guidance for staff with regard to when these medicines should be offered and we saw that Medicines Administration Records (MAR) charts were completed correctly. The MAR chart detailed why a PRN was administered and the time. The management team undertook audits to ensure the safe and effective management of medicines. These included checking medicines had been signed for when dispensed and that medicines were safely stored and disposed of.

People told us that they felt safe and we observed that they appeared very happy and at ease in the presence of staff. People's comments included "This is a very safe place to be and I am content here", "Yes I am safe, I am not alone. People are looking after me" and "Staff check at night, I feel very secure here".

Information about abuse and ways to contact the local authority safeguarding team was accessible to both staff and people who lived at the home. Staff confirmed that they had received safeguarding training and were aware of their responsibilities in relation to protecting people from harm and abuse. They were able to



describe the different types of abuse, what might indicate that abuse was taking place and the reporting procedures that should be followed. One member of staff said "I would speak to them (staff member acting abusively towards a person) and tell my senior ". Another staff member told us "If the manager didn't do something I would let you (CQC) know".

Staff recruitment records contained information that demonstrated that the provider had taken the necessary steps to ensure that they employed people who were suitable to work at the home. Criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). This check helps to ensure staff are safe to work with people who use care and support services. There were also copies of other relevant documentation, including employment history and references, job descriptions and identification evidence to show that staff were suitable to work in the home. Documentation confirmed that nurses employed had up to date registration with the nursing midwifery council (NMC).

We observed that there were sufficient staff on duty to meet people's needs safely. Staff were available for people when they needed support in the home and in the community. One person told us "If I need a staff member I just push my bell. They come to me and always so helpful". When shifts needed to be covered due to vacancies or leave the registered manager used permanent staff. They told us "We don't like to use agency staff. Residents like to have continuity of care and I have a great team of staff who support each other and ensure shifts are covered when needed. People's assessed needs were regularly reviewed and staffing levels were analysed and adjusted to ensure people's needs were met.

Each person had an individual care plan. Care plans followed the activities of daily living such as communication, people's personal hygiene needs, moving and mobility, nutrition, medication and health needs. The care plans were supported by risk assessments. For example a Water low risk assessment was carried out for people. This is a tool to assist and assess the risk of a person developing a pressure ulcer. This assessment takes into account the risk factors such as nutrition, age, mobility, illness and loss of sensation. These allowed staff to assess the risks and then plan how to alleviate the risk for example ensuring that the correct mattress is made available to support pressure area care. Moving and handling assessments specified equipment to be used which included hoists and wheelchairs to safely move people around the home and how staff should encourage people to aid their mobility. We observed one member of staff assist a person to the bathroom. The member of staff was patient and ensured the person was comfortable throughout the move and engage in conversation to ensure the person was safe.

Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded in the electronic system. We saw details and any follow up action to prevent a reoccurrence. Any subsequent action was updated on the person's care plan and then shared with staff if required.

Checks on the environment and equipment had been completed to ensure it was safe for people. These included the fire alarm, emergency lighting and extinguishers. There was a business continuity plan in place that assessed and planned for events that included adverse weather conditions, fire and power outage. Personal Emergency Evacuation Plans (PEEPS) were in place for individuals that informed staff how to safely evacuate people in the event of an emergency.

## Is the service effective?

### Our findings

People told us staff were well trained and sufficiently skilled in their roles. One person told us "I moved in a few months back and feel at home here as much as I can do and know that the staff are skilled in the line of work and I don't have to worry". Another person said "The staff and manager know what they are doing and do it well I would say".

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 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 MCA. We checked whether the provider was working within the principles of the MCA. Staff had a good understanding of the MCA and the importance of enabling people to make decisions. People and a relative confirmed that staff always asked for people's permission and consent before supporting them. One person told us "Yes they always ask my permission".

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring that if there are any restrictions to their freedom and liberty that these have been authorised by the local authority as being required to protect the person from harm. Applications had been sent to the local authority where required. We found that the registered manager understood when an application should be made and how to submit one.

When new staff commenced employment they underwent an induction which included the completion of workbooks and shadowing more experienced staff until they felt confident to carry out tasks unsupervised. Training records showed when staff had completed their training and when they required an update with their essential training. Topics covered included moving and handling, safeguarding and infection control. Staff were knowledgeable and skilled in their role and this meant people were cared for by skilled staff who met their care needs. One member of staff told us "We get training and updates, I have completed equality and diversity recently and moving and handling". Another member of staff said "I did get an induction. I shadowed other staff until I felt okay. I did training too, like safeguarding".

Staff received supervision and an annual appraisal. One member of staff told us "I have supervision with my manager through the year and chat about everything". Supervision is a formal meeting where training needs, objectives and progress are discussed as well as considering any areas of practice or performance issues. The registered manager documented when these had taken place and when they were due. The registered manager told us "I work on the floor with the staff and in close communication all the time. Sometimes I will observe practice that a staff member needs reminding on or support with and discuss at the next supervision how they feel they are doing".

Food at the service was presented well. Menus were displayed from a daily menu. The kitchen provided

meals for the service and the adjacent Convent. We were told by people and staff that alternatives were available if they did not like the choices available. People could choose where they would like to eat, on the day of the inspection however the majority ate in the dining room. While observing the lunchtime period, one person required encouragement with eating and we saw a member of staff providing support in an unhurried manner. Special diets were catered for, this included, low fat and purified. Details of people and their diets were in their care plans, so staff were reminded and aware. One person told us "It's wonderful you don't have to worry about cooking, it is presented to you when you want and very nice. I hear some people comment on various foods but I think it's great. We are all different and you can never please everyone's taste". Another person said "Very good, no complains, let's put it this way the plate goes back always empty". A relative told us "I like the presentation, and if well presented it is nice to eat, well balanced as well".

People received support from specialist healthcare professionals when required and visits from professionals were recorded in people's care plans. On the day of the inspection a visiting GP was there to check on people's well being after staff had contacted them on a person well being. One person told us "I see the practice nurse, they came to give us a flu jab".

## Is the service caring?

### Our findings

People and their relatives spoke highly of the staff and said that they were caring and kind. People's comments included "I have no complaints whatsoever, they are good", "I think they are 100% caring, they are very good" and "Caring, very much so. They are always ready to help you". A relative told us "Yes, they are very attentive, they make sure that all is okay with my relative".

Our observations throughout the inspection were that staff had time to spend with people and were kind and caring in their approach. When staff approached people we saw there was a warm supportive atmosphere in the home. We saw positive interactions and staff were observant and attentive. For example one person became agitated, a member of staff spoke calmly with them and reassured them and asked what they would like. The person showed signs of appreciation and engaged in a conversation with the member of staff.

Staff spoke about their roles with commitment and enthusiasm. Some staff members had been in post for a long period of time and attributed this to the enjoyment of their jobs. Comments included "This is a nice place to work and I enjoy my job. We all really care about our residents" and "The residents are our number one priority and we ensure they get the care they need".

Peoples' differences were respected and staff adapted their approach to meet peoples' needs and preferences. People were able to maintain their identity; they wore clothes of their choice and could choose how they spent their time. Diversity was respected with regard to peoples' religion and both care plans and activity records showed that people were able to maintain their religion.

The service was rooted in the Catholic tradition and there was a strong spiritual ethos. People and relatives spoke of the calm and peaceful atmosphere. They told us that they were free to express other faiths or none. One person told us "I go to mass every day and I receive communion every day". Another person said "There is a church service here every day". Many people told us that they had chosen the home for spiritual reasons and because there was a daily Mass that they could attend. We observed staff supporting people to the chapel for them to attend the morning Mass.

People were involved in decisions that affected their lives. Observations and records confirmed that people were able to express their needs and preferences. Staff recognised that people might need additional support to be involved in their care, they had involved people when appropriate and information was available if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

Peoples' privacy was respected and maintained. Information held about people was kept confidential; records were stored in locked cupboards and offices. People confirmed that they felt that staff respected their privacy and dignity. One member of staff told us "I will always knock on someone's door and let them know who it is and will wait until they invite me in". People's comments around privacy included "They usually knock, but the door is always open as I like seeing people passing around" and "They knock which is

very good". Observations of staff within the service showed that staff assisted people in a sensitive and discreet way. Staff were observed knocking on peoples' doors before entering, to maintain peoples' privacy and dignity and people were able to spend time alone and enjoy their personal space.

Staff supported people and encouraged them, where they were able, to be as independent as possible. Staff told us that they would never just 'do things' for people. They would always involve people in making decisions and maintaining people's independence. Another staff member told us "I will assist people and encourage them, if they are having a wash or getting dressed". Details of encouraging independence was detailed in people's care plans, such as encouraging people to carry out personal care tasks for themselves, such as brushing their hair.

## Is the service responsive?

### Our findings

At the previous inspection on 7 and 9 June 2016, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not sought feedback from people for the purposes on continually evaluating and improving the service and some people were unhappy with the activity provision. After the inspection, the provider informed us of what they would do to meet the legal requirements in relation to this regulation. At this inspection it was evident that improvements had been made and the provider was meeting the legal requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since the last inspection the registered manager had sent out surveys to people which included obtaining feedback on activities in the home. There was a dedicated activities member of staff who planned and held activity sessions for people who wanted to attend. Records detailed activities that had taken place as well as the attendance level. Activities included flower arranging, film afternoons, chair exercises and attending local events. People told us they enjoyed some of the activities, however some people preferred to spend time in their rooms and read or watch the television. One person told us "I attend some of the activities when they're on, but not all. The member of staff that takes them is full of life". Another person told us "I'm not really one for activities, I like reading in my room and visit the chapel each day". For many of the people the morning activity was attending mass in the Chapel. In the afternoon of the inspection we observed one member of staff asking a person in their room if they would like the daily newspaper or would they like to do a word search. The member of staff sat with the person engaging in conversation while they completed the word search together.

We saw that people's needs were assessed and plans of care were developed to meet those needs, in a structured and consistent manner. Paperwork confirmed people or their relatives were involved in the formation of the initial care plans and were subsequently asked if they would like to be involved in any care plan reviews. Care plans contained personal information, which recorded details about people and their lives. Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person centred care. One member of staff told us "I think the care plans are detailed with all the information needed. It is all about the person and their likes and dislikes and meeting their needs".

Each section of the care plan was relevant to the person and their needs. Areas covered included; mobility, nutrition, continence and personal care. Information was also clearly documented regarding people's healthcare needs and the support that was required to meet those needs. Care plans contained detailed information on the person's likes, dislikes and daily routine with clear guidance for staff on how best to support that individual. For example, one care plan stated that a person could sometimes become anxious and for staff to talk slowly and reassure the person and check their understanding. In another care plan it detailed their preferences around their breakfast and what the person liked for breakfast and that they liked to have it in the dining room.

Daily records were completed about people by staff during and at the end of their shift. This included

information on how a person had spent their day, what kind of mood they were in and any other health monitoring checks. These daily records were referred to when staff handed over information to other staff when changing shifts to ensure any changes were communicated. We observed the afternoon handover between two nurses. They discussed in great detail each person and their well being to ensure nothing was missed.

There were systems and processes in place to consult with people, relatives and staff. Satisfaction surveys were carried out, providing the provider with a mechanism for monitoring people's satisfaction with the service provided. Feedback from the surveys was on the whole positive, and changes were made in light of people's suggestions. For example people had commented on the size of the television in the communal lounge not being big enough. The registered manager had sourced a larger television to enable people to see. A suggestion box had also been introduced for staff to enable them to comment and make suggestions anonymously if required.

People and relatives were aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible and displayed around the service. Complaints made were recorded and addressed in line with the policy with a detailed response. Most people we spoke with told us they had not needed to complain and that any minor issues were dealt with informally. One person told us "Yes, I have had a few and management dealt with it very well, they are available and they listen very well".

# Is the service well-led?

## Our findings

People, relatives and staff all told us that they were satisfied with the service provided at the home and the way it was managed. Comments included "Oh yes, everybody is cheerful, helpful", "I could not be more happy honestly", "The manager is very accessible" and "Management is here every day and I can talk to them anytime".

People looked happy and relaxed throughout our time in the service. People, relatives and staff said that they thought the culture of the service was one of a homely and relaxed environment. The management team were supportive and approachable and took an active role in the day to day running of the service. People appeared very relaxed while talking with the registered manager and deputy manager. While we were walking around the home with the registered manager, positive interactions and conversations were being held with people and staff. They showed knowledge on the people who lived at the home. We observed people and staff approaching them throughout the day asking questions or talking with them. They took time to listen to people and staff and provided support where needed. One staff member "I can speak to the manager if I want, or the deputy. I think they're fair". Another member of staff said "I have felt supported and if I need help or have a query then the manager is there for me".

Quality assurance audits ensured a good level of quality was maintained. We saw audit activity which included medication, care planning and infection control. The results of which were analysed in order to determine trends and introduce preventative measures. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered.

Staff meetings were held and this gave an opportunity for staff to raise any concerns and share ideas as a team. Recent minutes of staff meetings demonstrated that staff were involved with discussing training, policies and procedures and people's well being. The registered manager told us "I am looking to increase staff meetings although I work alongside the staff and have regular contact with them, it will be beneficial to get together as much as possible. I have a great team of staff".

There were systems and processes in place to consult with people, relatives and staff. Satisfaction surveys were carried out annually by the provider which gave a mechanism for monitoring people's satisfaction with the service provided. Feedback from the surveys was on the whole positive, and changes were made in light of peoples' suggestions.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.



