Little Sisters of the Poor

St Joseph's - Newcastle

Inspection report

St Joseph's Home
Westmorland Road
Newcastle Upon Tyne
Tyne and Wear
NE4 7QA

Tel: 01912731279
Website: www.littlesistersofthepoor.co.uk

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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

St Josephs – Newcastle provides nursing and residential care for 58 for older people, some of whom are living with dementia and at the time of the inspection there were 54 people in residence. The service is spread over four floors, with more independent people living on the upper levels. Sisters of the poor also live on site and inhabit one of the upper levels of the service. A Mother Superior was responsible for the sisters and the service.

St Joseph's - Newcastle is one of a number of homes run by the Little Sisters of the Poor congregation. Jeanne Jugan was the founder and first Little Sister of the Poor. The homes' vision is to continue the inspiration of Jeanne Jugan in today's world, to improve care for the elderly and to promote the elderly's role in society. The Little Sisters of the Poor congregation adhere at all times to the philosophy and ethics of the Catholic Church.

St Joseph's - Newcastle is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

At our last inspection, we rated the service good. At this inspection, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection, we found the service remained good. Full detailed finding can be found in the last inspection report.

The home had a registered manager in place who was also the Mother Superior. A registered manager is a person who has registered with CQC 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 registered manager and the staffing team were held in high regard by people and visitors to the service.

The registered manager and staff understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding procedures. People's day to day risks had been assessed to support them as much as possible and help keep them from harm. Accidents and incidents were appropriately recorded and monitored.

People had access to healthcare services and received ongoing healthcare support. Appropriate arrangements were in place for the safe management and administration of medicines.

People's care needs were assessed before they started using the service and care plans were written in a

person-centred way and reviewed regularly. Being person-centred means the person's individual wishes, needs and choices are taken into account.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Activities were plentiful and arranged around the likes and interests of people who used the service. The community was encouraged to be involved with the service, including attending luncheon clubs.

The home was clean, spacious and suitable for the people who used the service. The provider had effective procedures in place for managing the maintenance of the premises and appropriate health and safety checks were carried out.

The provider had a complaints procedure in place and people who used the service and their relatives were aware of how to make a complaint. The provider had a quality assurance process which they used to maintain good standards throughout the service. People who used the service, relatives and staff were regularly consulted about the quality of the service through meetings and surveys.

The provider had an effective recruitment and selection procedure in place and sufficient staff were employed and on duty to meet people's needs. Staff were supported through a range of mandatory training, supervision and yearly appraisal.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

St Joseph's - Newcastle

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 over the 28, 30 August and 7 September 2018. It was an unannounced inspection. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has experience of this type of service personally or has a specialist interest.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and notifications we had received. A notification is information about important events which the provider is legally required to tell us about.

We contacted the local authority contracts and safeguarding teams, the local fire authority, care managers and social workers from the local authority, care home infection control teams from the area and Healthwatch. Healthwatch is an independent consumer champion which gathers and represents the views of the public about health and social care services. Where we received responses, we used that information to support the inspection planning and judgements.

During this inspection, we carried out observations using 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 also made general observations around the service, including people's bedrooms with permission and all communal areas of the service.

We spoke with 20 people and seven relatives. We also spoke with eight care staff (including senior care), the activity coordinator, two nurses, the administrator, the human resource (HR) lead, the training coordinator, two maintenance staff, reception staff, three kitchen staff including the chef manager, the clinical lead and the registered manager. We looked at seven people's care records, medicines administration records for 20 people and seven staff records. We also looked at a range of records relating to the management and health

and safety of the service.

Good

Is the service safe?

Our findings

People living at St Josephs told us they felt safe and said staff protected them from any harm. People told us, "I feel very safe and very content" and "It's a safe home. I get looked after and well fed. Nee (no) worries at all. It's like an oasis in a desert."

Staff had received training and followed the provider's safeguarding policy and understood how to protect people from potential abuse or harm. One staff member said, "I would go to Mother (registered manager) or [name of clinical lead] with no hesitation."

Risk to people were assessed and safely managed with care provided in a safe way. Where risks had been identified these were assessed, including those in connection with mobility, falls or those people at risk of skin damage. Accidents and incidents were managed effectively. Staff completed accident and incident forms when an incident occurred. We found actions were taken to reduce the potential risk of harm to people living in the service and lessons had been learnt. For example, after a recent accident and to support people who chose to walk in the extensive gardens, monitoring devises had been purchased for people to carry should they need an emergency response while strolling in the garden. We saw these in use at reception and people, during craft activities, had made brightly coloured pouches to carry them in.

The service was very clean and tidy with no odours. Staff followed infection control procedures to minimise the risk of cross contamination. This included in the kitchen area where they used various coloured knives for food preparation. Staff were observed using gloves and aprons correctly, including for example, when providing people with personal care or serving food at lunch time.

Staffing levels were appropriate to meet people's needs. One person said, "There's always people (staff) around." Another person told us, "They (staff) come straightaway, even during the night." We looked at the rotas which confirmed this and showed consistent levels of staffing were maintained. Volunteers also supported people at the service. Checks on volunteers had been carried to ensure they were safe to work with potentially vulnerable adults. People living in the home told us they enjoyed having volunteers and meeting new people. Every person we spoke with told us there were enough staff to meet their needs. Suitable staff recruitment procedures were in place. Many staff had worked at the service for many years. We checked seven staff records which showed relevant checks had been completed. This included references, identification checks and a Disclosure and Barring Service (DBS) check. These checks help employers make safer recruitment decisions.

Medicines were managed safely. One person had time specific medicines and said, "They don't go away [during administration] and they don't talk to anybody else. They come with tea and toast at 6am in the morning, because I have to eat with my tablets."

People told us they received their medicines as prescribed. Information about 'as required' medicines were not always detailed, however, the provider updated their paperwork immediately and reviewed their procedures. They also asked a local pharmacist to visit the service to check their procedures were all in

order. We contacted the pharmacist who commented, "We have worked with the home for around a year now and in that time they have been very proactive in asking for training, audits and support where needed." They went on to comment, "Mars (medicines administration records) were in good order. Signed policy (medicines policy) in place (a first!)." Medicines were stored and disposed of correctly. Since the clinical lead had started work at the service, they had, together with the registered manager implemented a number of changes and updates to systems and processes, including reviewing all medicines procedures and were reviewing all staff competencies regarding medicines.

Health and safety checks were carried out on a regular basis to ensure the premises remained safe, including electrical safety checks or those in relation to lift maintenance. Fire safety procedures were in place, including having personal emergency evacuation plans (PEEPs) held at reception and regular fire drills taking place. PEEPs detail individual support people living at the service may require during evacuation of the premises and would be used by the fire authority for example to support their officers. Call bells were safely monitored to ensure people received assistance quickly when they were activated. People had call bells in their rooms or had pendant/bracelet devices for when they were in another part of the service.

Good

Is the service effective?

Our findings

People commented on the effectiveness of the service, "I'm all right… fine. They are looking after me… they're keeping me going"; "As far I can see they are more proactive and not just responsive" and "I think they do a good job and are effective in how they do it."

Staff communicated well with people and relatives. Relatives confirmed this. One said, "They kept me up to date re granddad's health." There was evidence during observation that this was the case.

Staff were appropriately inducted and trained to meet the needs of people living at the service and records confirmed this. Staff received support through supervision and yearly appraisal although this was a little behind. The registered manager and administrator were in the process of reviewing their storage arrangements in connection with staff records.

People's needs had been assessed before they moved into the service to ensure staff could meet their needs. From this information, care plans were developed which included people's nutritional, personal care or moving and handling needs and these were regularly reviewed.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had followed their legal obligations and no one was deprived without the appropriate authorisations in place. One person told us, "You can go to bed any time you like, there are no restrictions whatsoever."

People told us they enjoyed the food and refreshments made available to them. During observations and visits to the kitchen, we confirmed people received the nutrition and hydration they needed to meet their individual dietary needs, for example, one person received a softer diet and another received a diet suitable to support their diagnosis of diabetes. One person said, "It's second to none. We are asked the day before and can choose. We have soup every day and a main course and a choice of sweets. You can get some delicious sweets or you can have yogurt. At tea time there are two main courses and sweets. We get Horlicks before bedtime, and tea and coffee in the mornings and the same in the afternoon." One relative said, "Cook makes amazing shortbreads." Meal times were relaxed and sociable. People chatted amongst themselves, and care staff were considerate and respectful, for example, responding with "you're welcome." Meals were well presented and there was a menu advising of the options available, which included two options for the main meal and tea time, plus options for puddings.

People's cultural needs were met, including by having a chapel adjoining the main residence. One person said, "They look after you very well. They don't press the religious side. They provide religious facilities for anyone Catholic and non-Catholic people." A staff member told us, "It's not all Catholic residents living here, we do have other religions. Everyone can maintain their faith whatever they believe in. We do get lots of Catholic residents, but that's mainly because of the sisters…its lovely here for people."

People's healthcare needs were met, including consultations with a range of professionals, including weekly visits by a GP and nurse to the service. One person said, "The doctor comes in every Wednesday. I tell them (staff) the day before if I want them to come and see me. Sometimes the optician comes and the district nurse comes in every Thursday." Another person told us, "I just have to ask. The neurologist advised I needed physio, so I'm just waiting for that."

The service had been adapted, for example, to enable wheelchair access and had the use of specialised bathing equipment for people who needed that level of support. One relative told us, "Bathroom could have been revamped." However, we found bathrooms adequately maintained. The provider had a rolling programme of development and redecoration to ensure the premises remained fit for purpose for the people living there. We discussed dementia friendly signage with the registered manager who told us this was an area that they were further developing, including the use of best practice websites and information.

Good

Is the service caring?

Our findings

People said that staff were always kind and friendly, treated them with compassion and often took time to sit and talk. People told us, "They (staff) give the most wonderful care"; "They (staff) do everything well. One of the care staff just retired this weekend. She used to do all my shopping for me. She's still coming in to do my shopping. Some of the staff that's left come and see you" and "When my wife was in here, while I was at home, they (staff) asked me to stay over Christmas and New Year in the guest room."

Relatives told us, "It's such a relief… I feel absolutely confident [person] is being looked after" and "Staff were always so welcoming and friendly. They would make us a cup of tea if we asked, or we could help ourselves."

A local pharmacist commented, "Staff have always been friendly and supportive towards residents when I have visited."

People told us their privacy and dignity was respected. Comments included, "Without a doubt (respected)" and "This is the best place I have ever known (for dignity and respect)." A relative said, "Since [person's] been here, she's always beautifully presented. It gives her dignity." One person told us, "I was asked by one of the staff – 'do you mind if a male carer (agency employee) comes in'… He was lovely." Staff spoke with people respectfully and knocked on bedroom doors before they entered.

People told us they were encouraged to remain independent. One person said, "I've been in here that long, I'm very independent. I can make my own bed, dress myself and shave myself."

People who were able recalled being involved in their care planning. One person said, "I know everything about me care plan. I check it now and again." One relative told us, "I've seen (person's) original ones which were drawn up six months ago. They were very comprehensive including about avoiding falls and infection."

Surveys and questionnaires had been used to gather people's views. Although not everyone could remember receiving one, one person who could told us, "Yes, I've had one, I got somebody to fill it in for me. I've got nothing to complain about." We reviewed the analysis of the returned surveys and noted any comments made which needed an action, had been addressed by the provider.

Good

Is the service responsive?

Our findings

People said care staff were responsive to their needs. One person said, "The carers are so good, they'd do anything for you. They get our clothes out and ask if that's okay, and they try to match clothes."

Relatives confirmed the service was responsive. Comments included, "I was very impressed with the care"; "When she first came in, the handyman was fantastic. He stayed way over time to put her pictures up in her room"; "When I came in yesterday, she was really tired. They were very quick to respond and get her ready for bed. They responded to what she wanted" and "They put the TV up the day I took it in."

Visiting the service was flexible. One person said, "People can visit anytime, morning time, afternoon or evening, and if they want to come for a meal, you can book them in the night before."

Care plans were person centred and gave staff information about people's needs and care preferences whilst being mindful of identified risks to their safety. This information included details of the individual's personal life history and their likes and dislikes in detail. Where people's needs had changed, we saw the necessary updates to the person's care plan had been made so all staff were aware of and had the most up to date information about people's needs. Staff communicated and updated each other about people's changing needs at staff handovers and through daily progress notes for each person.

People and their relatives knew how to complain if they felt it was needed. One person said, "Yes, I would speak to (staff name), she's always available whenever you ask. If I had a complaint, they'd be happy to have a meeting." One person said they had made one complaint some time ago and said it was resolved quickly.

A range of activities were available for people to participate in. Comments from people included, "Once or twice a week, we are invited to watch a film. They keep your hands going…winding wool, crocheting, knitting and making squares and a blanket out of them. They have an annual fayre and a Christmas fayre. We had coloured pipe cleaners and we made lovely little flowers with them"; "One of the staff thought they needed upper body exercises. So, she (activity coordinator) introduced an exercise with parachutes" and "I listen to the radio, records and talking books. I've just come to the conclusion with me eyes, that I'm quite content here." The activity coordinator currently used their own iPad but the registered manager told us they were looking into buying a one for the service.

People who had reached the end of their life were well cared for. One person had recently reached this stage and we were able to speak to their relative. They told us, "Staff handle and speak to her so well. She can be awkward at times but the staff are very patient. They needed to change the mattress due to her deterioration and they were very quick to do that. They check if the door is closed for dignity……they have been wonderful in a crisis." Pain relief was implemented appropriately and care plans had been modified to support the person and their family at this sensitive time. One staff member, who had tears in their eyes, explained how much the person meant to them.

Good

Is the service well-led?

Our findings

Mother Superior (Mother) was the registered manager and had been since May 2017. A Mother Superior is the head of a female religious community. The registered manager and clinical lead were very responsive throughout the inspection and supported the team when questions were asked or information required. After discussion, a few updates to procedures had been immediately implemented, including for example, medicines documentation.

People told us the registered manager and clinical lead were visible and approachable. One person said, "You see Mother (registered manager) at mass and she is always around somewhere. She is lovely." One relative said, "The nurse in charge is very good and she has seen to everything for us."

People said the service was well led and a good place to live. "This is one of the best place I've ever been"; "Absolutely wonderful – everything's good"; "It's marvellous…like a 5-star hotel"; "It's a wonderful place to be in" and "The family are happy. They know you are safe, well, happy and well fed…too well fed!"

We asked people, relatives and staff if there was anything they would change about the service. Comments included, "Not a thing"; "It's good and peaceful here, don't think anything" and "Some rooms are a little old fashioned, but its spotlessly clean and staff really care so that trumps that."

Staff understood the values of the organisation and told us how these were promoted and upheld by the management team. Staff told us they could comment on the way the service was run and make suggestions for improvement. Staff often sat with people during activities and discussed a range of issues while undertaking crafts for example. We observed this in action as people discussed what they wanted to do for future events, like Christmas.

The management team, including their quality assurance person, carried out regular audits including health and safety, infection control, medicines and care records. We saw that environmental risk assessments and checks regarding the safety and security of the buildings were taking place on a regular basis and were detailed and up to date.

There was constant learning and liaising with other agencies, including weekly calls from a local GP and regular contact with a local pharmacist to ensure they were up to date with best practice.