

St Josephs Rest Home

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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 

Overall summary

This inspection took place on 11 February 2015 and was unannounced. At our last inspection in August 2014 we found the provider was meeting the regulations in relation to outcomes we inspected.

St Josephs Rest home is registered to provide accommodation and support for twenty six people who require nursing or personal care, some of whom have dementia.

There is a registered manager in place. 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.

Staff were not adhering to fire regulations and this was a breach of regulation 15 in relation to safety and suitability of premises. You can see the action we have told the provider to take at the back of this report.

People who used the service were protected from the risk of abuse because the provider had taken steps to identify the possibility of abuse and prevent abuse from happening.

Summary of findings

People told us that they were happy with the care they received. We observed the way staff interacted with the people using the service and saw they treated people with respect and dignity.

Staff regularly assessed potential risks to people's health and welfare, both within the service and in the community. The equipment at the service had been maintained and serviced regularly.

People were supported to eat and drink sufficient amounts of nutritionally well-balanced food and drink that met their needs. People were able to express their views and were involved in making decisions about their care and treatment. Appropriate arrangements were in place in relation to the obtaining, recording and administration of medicines.

The staff were trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). They were aware of how to support people who could not make decisions for themselves when required. People's preferences and likes and dislikes were clearly identified in their care records so staff had the necessary information to care for and support them appropriately.

Staff records showed that the staff had received appropriate training to meet the needs of people using the service and appropriate checks were carried out before staff began work.

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The provider took account of complaints and comments to improve the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe as during our visit we noted that some doors were being held open by different objects and others were not closing fully. This could compromise the safety of people, staff and visitors in the event of a fire.

Risks to people were assessed and were reviewed regularly.

People who used the service were kept safe because staff understood what constituted abuse and knew what they must do if they witness or suspect it.

There were enough staff on duty to meet the needs of the people living at the service and relevant checks were undertaken before staff started employment at the service.

There were systems in place to manage people's medicines so that they received them when they needed.

Requires Improvement



Is the service effective?

The service was effective. Staff received appropriate professional development and training to help meet the needs of people who lived at the service.

Staff we spoke with demonstrated a good understanding of the requirements of the legislation and what they should do should a person lack the capacity to make a decision as required by the Mental Capacity Act (2005).

People were supported to be able to eat and drink sufficient amounts to meet their needs and were provided with a choice of suitable and nutritious food and drink.

People's health needs were monitored and had been met promptly as they had access to healthcare professionals when required.

Good



Is the service caring?

The service was caring. Staff understood people's care needs and ensured these needs were met. People we spoke with were positive about the care and service provided.

People's preferences, interests and diverse needs had been recorded and care and support had been provided in accordance to their wishes.

We saw people were relaxed in the company of staff and the atmosphere in the service was comfortable and homely.

Good



Is the service responsive?

The service was responsive. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Good



Summary of findings

The service had a complaints procedure that was clearly written and easy to understand. Unless there were exceptional circumstances, the service always responded within the agreed timescale.

Is the service well-led?

The service was well led. The provider had a system to assess and monitor the quality of services to protect people against the risks of receiving unsafe or unsuitable care and support.

People and staff felt that the registered manager was supportive and led the service well. Staff said they felt able to approach the registered manager for advice, or if they had any concerns.

Records were kept securely.

Good



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Detailed findings

Background to this inspection

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

This was an unannounced inspection carried out on 11 February 2015. The inspection was done by one adult social care inspector.

During our inspection we observed how the staff interacted with people who used the service. We looked at how people who used the service were supported during the

day of our inspection. Before our inspection we reviewed the information we held about the service which included statutory notifications we have received in the last 12 months.

During our visit to the service, we looked at three care records, including people's risk assessments, staff training records and other records relating to the management of the service, such as staff duty rosters, policies and procedures and risk assessments.

We spoke with four people who used the service and three staff working at the service and the registered manager. Before the inspection we also contacted the local commissioning team and the local safeguarding team to obtain their views of the service.

Is the service safe?

Our findings

During a tour of the building we noted that a number of bedroom doors were being propped open by different object and others were not closing fully, which could impact on the safety of people who were living there in the event of a fire. This was discussed with the registered manager and they told us that this would look into it and would ensure staff adhered to the fire safety regulations. This was in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People who used the service told us they had no concerns about the way they were treated and that they felt safe at the service. There were policies and procedures for safeguarding people. The registered manager understood what their role and responsibilities were regarding the reporting of safeguarding issues. For example, it was evident from their comments that they knew which external agencies they needed to contact without delay should they witness, be informed, or suspect that people who used the service were being harmed or placed at risk of harm. We also spoke to other members of staff about safeguarding and they understood and had knowledge of what to do if they observed any unsafe or inappropriate practice. We saw staff had received training in Safeguarding Adults when we looked at staff training records. There were annual refresher courses for staff on how to recognise the signs of abuse, and how to respond and report them. Staff we spoke with confirmed they had received training.

The service had a whistle blowing policy and encouraged staff to raise concerns in the confidence that they would deal with them in an open and professional manner. Whistleblowing is when a worker reports wrongdoing at work to their employer or someone in authority in the public interests.

The provider carried out checks on all aspects of fire equipment including extinguishers, emergency lighting, alarms and detectors. We saw records were kept when these checks were done. There was a fire risk assessment for the service. Servicing certificates relating to health and safety were up to date, these included portable appliance testing and fire safety. The service had a system to ensure

all equipment was maintained and serviced. We saw a regular programme of safety checks was carried out. For example, a gas safety check was carried out on all gas appliances on a yearly basis.

We noted that records were kept of accidents and incidents. For example, staff had documented when people had experienced falls. Details of falls had been analysed and plans implemented to reduce the risk of reoccurrence. In the last twelve months the registered manager had notified us about incidents/accidents involving people who used the service, which had adversely affected their health and/or welfare for example people who had been admitted to hospital to treat a medical condition.

There were effective recruitment and selection processes in place. We looked at three staff personnel files and were able to see that appropriate checks were carried out before staff began work. In the files we sampled, we saw that Disclosure and Barring Service (DBS) checks had been carried out to check that staff had no criminal convictions that would bar them from working in a care service. We also saw that the staff had been interviewed, application forms completed, and appropriate forms of identity checked - such as passports and that two written references had been received.

From the care plans we sampled we saw there was a comprehensive set of risk assessments which clearly identified the hazards that people may face and the support they should receive from staff to prevent or manage these risks. For example, we saw risk assessments relating to people's moving and handling, falls, skin integrity, nutrition and weight. It was evident from discussions with staff that they were fully aware of the potential risks people may face and the actions required to manage those risks. Risk assessments were reviewed yearly however it could be sooner if there was any change or a new risk had been identified.

We looked at the four weeks staff rotas starting from 28/12/2014 to 24/01/2015 and saw the number of staff that were on duty, matched with what the registered manager told us. Staff we spoke with felt the staff number on each shift were adequate and said they worked well as a team. There was a daily handover system to ensure that staff remained informed and up to date on any changes relevant to each person using the service. The service also had students from local colleges doing their placement to gain experience working in this field.

Is the service safe?

The service had suitable arrangements in place to protect the people using the service against the risks associated with the unsafe management of medicines, which included the obtaining, recording, administering, safe keeping and disposal of medication. We sampled the medication administration records and they were all up to date. People were monitored for effectiveness of treatment or evidence of any potential side effects or adverse reactions. Instructions to administer medicines were clear and there were no gaps in signing the medicine administration records (MAR) sheets when medicines were administered.

Each person who took medicine had an individual Medication Administration Record chart (MAR sheet) which clearly stated the person's name, date of birth and allergy status and also identified what the name of the medicine was and how often it should be taken. Photographs of people were also attached. This helped to ensure that staff administered medicines appropriately. Medicines were kept safely in a locked trolley and also in another designated room which was kept locked. The temperature of the room was recorded to ensure medicines were kept at the correct temperature.

Is the service effective?

Our findings

The people we spoke with told us that staff were “very kind,” “and “very pleasant”. People felt that staff looked after them well and met their needs.

Staff received appropriate professional development. We were able to see records of training that staff had attended for example, moving and handling, safeguarding adults, fire safety and infection control. Certificates were available to evidence the training people had received. The registered manager ensured that all staff received relevant training that was focussed on delivering improved outcomes for people using the service. Staff were informed on a regular basis of any training they needed to complete. This was monitored by the registered manager to ensure staff providing support had the training they needed to do so safely.

Staff were offered the opportunity to obtain further qualifications appropriate to the work they performed. For example, a number of staff were completing a national qualification in care, at different levels. We also noted staff had training in Dementia Awareness in October last year. We spoke with staff about training and support. Staff were positive about the training offered to them and felt they had enough training to do their jobs effectively. They also told us they could ask for training if they needed it.

The registered manager told us and we saw that staff induction covered the aims, objectives and purpose of the service. New staff were given full information to clearly guide them about how people using the service liked to live, be treated and communicated with. The induction process included a period of shadowing more experienced staff prior to working alone.

Staff told us they had received supervision, which was recorded. The staff member and the supervisor both sign and keep a copy of the record. We saw a number supervision records and these showed that a range of issues were discussed, including staff training needs. This meant that the registered manager regularly assessed and monitored the staff's ability to meet people's needs.

The provider had suitable arrangements in place for obtaining consent, assessing mental capacity and recording decisions made in people's best interests. Staff had received guidance and training to enable them to understand the requirements of the MCA and the

Deprivation of Liberty Safeguards (DoLS). CQC is required by law to monitor the operation of the DoLS, and to report on what we find. DoLS requires providers to submit applications to a ‘Supervisory Body’ for authority to deprive a person of their liberty. The registered manager was in the process of submitting DoLS applications for some of the people as the front door front was always kept locked and they were not able to leave freely if they wanted to and deprived of their liberty. However, this was for their own safety.

Staff we spoke during our inspection, explained how they respected the decisions that people made and the importance gaining of consent before offering care. One staff said “I always explain what I am going to do and ask the person for their permission.”

People we spoke with were complimentary of the meals served in the home. One person told us, “The food is very good.” People were supported to eat and drink sufficient amounts to meet their needs. The service provided a variety of food and drinks to people and they were given choices at each meal. The cook was familiar with different dietary needs, including diabetic and soft diets. Meals were prepared in accordance with people's needs, so that people received their meals at a consistency that suited them. People's food and drink met their religious or cultural needs. The cook told us that newly admitted people were asked about their likes, dislikes, if they had any religious preferences and if people needed a specialist diet. This ensured that the cook and staff were aware of people's individual needs and could ensure that they received meals that met their needs and suited their preferences. We observed the lunchtime meal being served. There were staff around to help people who were unable to eat or drink independently.

We saw that people living at the service had their level of risk of malnutrition assessed and they were weighed regularly and action was taken where changes in weight were found, by contacting specialist health care services that supported people with their nutritional needs. This helped to ensure that people were supported to maintain their nutrition and fluid needs safely. We saw that people's intake of food and fluid charts was recorded and this was monitored by the registered manager and their deputy to ensure people's nutritional needs were being met and that people had enough to drink.

Is the service effective?

People's needs were kept under review and advice was sought from external care professionals, when appropriate. Information about the involvement of healthcare professionals in people's care was available in their care plans. From the records we sampled we saw the registered manager worked well with other professionals and the local community to ensure people received the correct levels of support were at all times. Staff ensured people were in regular contact with community based health care

professionals such as GP's, district nurses, hospital staff, opticians and dietician. This demonstrated that staff were familiar with people's health care needs and took appropriate action to refer them to the relevant health care professionals, as and when required. We saw a record was maintained of visits by health care professionals. This showed that people's health and wellbeing needs were being monitored and action taken as appropriate.

Is the service caring?

Our findings

Throughout our visit we saw staff interacted with the people who used the service in a kind and courteous way. Many of the people who used this service had a degree of cognitive impairment which made communication difficult. However, some of them were able to comment on about the staff and the service. One person told us “The staff are very good.” One staff member told us they spoke other languages, for example, Hindi, Urdu and Punjabi. This helped to communicate with some of the people as their first language was not English. We saw that staff were caring and had good relationships with people using the service.

Staff told us that people were actively encouraged and supported as far as they were willing, to maintain and develop their independent living skills. Care plans we looked at contained information that clearly showed us the willingness and capacity of the people who used the service.

During our visit, we saw people were treated with dignity. For example, we saw staff explain to people what they were doing when they were assisting people to move or eat and drink. The tone of voice staff used was also reassuring and supportive. We observed staff always take their time to listen to what people had to say. Staff also ensured people who required assistance with their personal care were always provided this support in private.

Staff we spoke with were aware of the importance of respecting people’s dignity and privacy. For example, during a tour of the premises, we saw staff close people’s bedroom doors when they were providing individuals with personal care. We also saw staff provide support to people who required assistance to walk, do so in a patient and caring way. People could choose to receive personal care from a member of staff of the same gender. We noted people were called by their preferred name and this was noted in their records. One staff member described the reluctance of one person to receive personal care and how they had talked to them and gained their confidence.

Care plans we reviewed contained detailed information about people’s religious and cultural dietary requirements. For example, we saw a record of people who were vegetarians.

People were involved in making choices and decisions about their care. Staff told us they gave people choices, for example, in what they wanted to wear, what to eat or whether they would like to join in any activities. We saw reference made to individual preferences, for example, that someone liked to have a shave by themselves. People could spend their days as they preferred, in their own rooms if they wanted to. Those who were mobile were free to walk around as they wished.

Is the service responsive?

Our findings

The feedback we received from people we spoke with about their care was positive. One person said, "The staff are very good and very helpful." Another person told us that the staff were fantastic and looked after them well.

We looked at three care plans and found them to be well organised and reflective of the care and support that people were currently receiving. These were personalised and provided staff with detailed guidance about how people's needs should be met. Information about people's past lives was available to help staff understand more about them. Before a person moved into the service, an assessment of their abilities and needs was always undertaken by the registered manager or their deputy. Where people had culturally diverse needs identified, those needs were planned for in their care plans.

The care needs of people using the service were reviewed regularly and their care plans were updated accordingly. People's needs were re-assessed such as after a period of admission to hospital, to review the care needs and to make sure staff were able to meet their needs. This helped staff to be responsive to changes in people's needs, and people could be confident that their care and support was based on up to date information. It was evident from the information included in care plans that people using the service and their relatives had been involved in developing the care plan. People had an allocated member of staff known as a key-worker who coordinated their care.

People's social and emotional needs were taken into account. This was because people were asked about social activities and hobbies they enjoyed. People were able to participate in meaningful activities. The activity provision was designed to meet individual's needs and preferences. The service had a full time activity coordinator, and activities were undertaken as a group or on a one to one basis.

The registered manager had an open culture that allowed people to express their views and concerns in a safe and understanding environment. The service had a complaints procedure that was clearly written and easy to understand. Unless there were exceptional circumstances, the service always responded within the agreed timescale. Informal concerns raised by people were addressed through discussion with staff on a day to day basis. The procedure mentioned what action a person could take if they were not satisfied with how the service had handled their complaint. This ensured that people had got access to all the information about their rights to make a complaint about the service.

We saw records being kept of complaints regarding the service. These showed when complaints were received, how these were investigated, the outcome of the investigations and the learning points from these. The provider took account of complaints and comments to improve the service. People we spoke were happy with the service and did not raise any concern with us. The registered manager and the staff working at the service regularly asked people and checked that everything was alright for them.

Is the service well-led?

Our findings

A manager was in place who was registered with the Care Quality Commission. Staff felt supported by them. One commented, "He is very supportive and listen to what we have to say." We asked staff for their views about the way the service was managed. They spoke positively about the registered manager and their leadership. Staff told us if they had to speak with management about any concerns they would feel comfortable to do this. They also felt they would be listened to.

There were quality monitoring programmes in place, which included people giving feedback about their care, support and treatment. The provider had a system to assess the feedback provided in the satisfaction questionnaires and to take action where required to address areas where improvement had been identified. We saw the satisfaction surveys that had been completed in July 2014 by people using the service or by their representatives and they were happy with the care and treatment that they were receiving. This demonstrated that the registered manager and provider used feedback to assess, monitor and improve the service. The result of the surveys was recorded and analysed. For example, more activities were put in place following feedback from people using the service and their relatives. We saw a comment from one relative who wrote "Thank you to all staff and management for the caring attitude in a difficult job at times."

The provider had a number of systems in place to make sure that the service assessed and monitored its delivery of care. This included audits of people's records, medicines

and health and safety. This ensured that issues were identified and addressed, and where actions had arisen from the checks we saw that progress was noted. This showed that the registered manager had an effective system in place to regularly assess and monitor the quality of the service.

The service had a number of policies and procedures which gave guidance to staff in a number of key areas. Staff demonstrated that they were knowledgeable about aspects of this guidance for example protecting people from abuse. We saw staff were asked to read and signed when policies and procedures were updated to ensure they kept themselves up to date with the changes.

We noted from the records we looked at that staff meetings took place on a regular basis. The minutes of these meetings showed that issues were discussed to improve the quality of care that people received. This helped to ensure staff were kept suitably informed. Staff we spoke with said that these meetings were useful as they could discuss any issues they might have and also helped them to stay updated with any changes at the service. Staff said that that the service was a good place to work and that the management was supportive and could approach the registered manager with any ideas and they were listened to.

We saw people's personal records were kept securely stored away when they were not in use, but remained accessible to staff when they were needed. All the staff, we spoke with understood the importance of keeping peoples personal records confidential and we saw staff store records away when they were not in use.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises</p> <p>A number of bedrooms doors were being propped open by different object and others were not closing fully, which could impact on the safety of people who were living there in the event of a fire. Regulation 15(1) (b)</p>