

The Joseph Cox Charity

Mary & Joseph House

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Outstanding 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service:

Mary & Joseph House provides high quality accommodation and personal care to adult males with enduring mental health needs. Accommodation is provided from 11 self-contained flats and 30 single bedrooms. At the time of this inspection, 40 people used the service.

People's experience of using this service:

The service maintained its overall rating of Outstanding awarded at the last inspection in 2016. People, relatives and health and social care professionals continued to describe the service as exceptional and said care was extremely person-centred and responsive.

There was a truly open and welcoming atmosphere on entering the premises. The registered manager, staff and people living at the home were enthusiastic about the inspection visit and were eager to share experiences.

Staff were exceptionally kind and caring towards people and had developed very strong relationships with them, knowing them well, including their histories, likes and dislikes. People had a say in the staff who worked at the service and who supported them.

The service was exceptional at helping people achieve positive outcomes, building confidence, independence and helping people develop and restore life skills.

There was an excellent range of activities and opportunities available to people. People had been introduced to new activities, which had led to the development of hobbies, friendships and opportunities for volunteering. Through exceptional care planning people had become more independent.

Mary & Joseph House was a fully accessible building that exceeded people's needs. Since our last inspection, improvements continued to be made to enhance internal aspects of the home, and externally within the grounds. Key standout features included a brand new bistro, refurbished dining room and games room, and the installation of seven new raised allotment beds and a new greenhouse for growing flowers and vegetables.

The registered manager and the wider leadership team were inspiring and dedicated to providing support which met the highest of standards. They strived for excellence through collaboration; they were passionate and dedicated to providing an outstanding service to people.

The registered manager had won two prestigious awards in recognition of her outstanding leadership, commitment to developing talent, and unwavering commitment to providing high quality care.

The open, inclusive and supportive nature of the service meant that promoting equality and diversity and respecting people's human rights was a golden thread that ran through every aspect of the service.

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

Rating at last inspection:

At the last inspection the service was rated 'Outstanding' in all areas. (published 19 December 2016).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

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 exceptionally safe.

Details are in our Safe findings below.

Outstanding 

Is the service effective?

The service was exceptionally effective.

Details are in our Effective findings below.

Outstanding 

Is the service caring?

The service was exceptionally caring.

Details are in our Caring findings below.

Outstanding 

Is the service responsive?

The service was exceptionally responsive.

Details are in our Responsive findings below.

Outstanding 

Is the service well-led?

The service was exceptionally well-led.

Details are in our Well-Led findings below.

Outstanding 

Mary & Joseph House

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried by an inspector from the Care Quality Commission (CQC) and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Mary & Joseph House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The first day was unannounced which meant the service did not know we were coming. The second day was announced.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We sought feedback from the local authority and other external agencies who work with the service. No serious concerns had been shared with us.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection:

We spoke with seven people who lived at the home, and four visiting relatives to understand their experience of the care provided. We spoke with 10 members of staff including the registered manager, assistant managers, activity coordinators, senior carers, carers, maintenance and housekeeping staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care plans and associated documentation. We looked at three staff files in relation to recruitment and three to review staff supervision records. Multiple records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider were reviewed during the inspection.

After the inspection:

We continued to seek clarification from the registered manager to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question remains outstanding. This meant people were protected by a strong and distinctive approach to safeguarding, including positive risk-taking to maximise their control over their lives. People were fully involved, and the provider was open and transparent when things went wrong.

Preventing and controlling infection:

- Mary & Joseph House was an exemplar of outstanding practice in ensuring the highest possible standards for the prevention and control of infection. This area of practice was led by a highly committed and dedicated infection control lead, staff champions and excellent housekeeping team. Audit and questioning of practice was robust, along with a thorough cleaning programme.
- In-house infection prevention and control training was delivered to everyone, including people living at the home. The importance of such sessions, particular around good hand hygiene, was further enhanced by the infection control lead utilising a special light box that detected areas of the hands that had not been washed properly. This helped to ensure consistent good hand hygiene practice.
- In the run up to winter, the NHS and Public Health England came together to set up an award to recognise the efforts of social care providers who achieved a high level of flu vaccine uptake. By March 2019, 83 percent of staff at Mary & Joseph House had received the vaccine. This high rate of staff vaccination helped towards ensuring people who were made vulnerable by their associated health problems, were better protected. This led to the home being awarded Gold accreditation by NHS England.

Assessing risk, safety monitoring and management:

- Everyone we spoke with confirmed they considered Mary & Joseph House to be a safe and supportive place to live. Comments included, "Staff are always on hand and will see about anything", "The staff are vigilant and always at hand.", "I've lived here for quite a while now and always feel very safe.", and, "This home is a God-send. [Relative] was very unwell. He needed the safety of this home. It's given him a life that he couldn't have in the community; a quality of life I couldn't imagine. He was in another home for two years before I found this one; I wish that I had found it sooner."
- Staff were highly skilled in working with people in order to identify risk. Known and newly emerging risks to people had been comprehensively assessed and actions had been taken to reduce the identified risks. Where a risk was linked to an activity that would promote independence or well-being, the risk was not considered a barrier and effective risk management plans would be implemented.
- A shining example of how this approach had translated into positive risk taking was centred around people who lived with a condition that was likely to deteriorate. Despite their limitations, several people had expressed a desire to go fishing and be out in the fresh air. Through effective risk management plans, staff enabled people to be full and active participants in this activity and we saw how this had greatly impacted on positive wellbeing.
- Staff continually reviewed and updated how best to reinforce the safe evacuation of the building. For example, we saw how plans were at an advanced stage with staff working with people to create a new in-

house evacuation video. Also, because the majority of people lived with memory problems, a new aspect to keyworker sessions involved staff 'walking through' the evacuation route with people. The positive impact of this had been realised through people being able to participate in evacuation drills independently, with little to no prompting.

- The rights and responsibilities of everyone living and working at Mary & Joseph House to ensure a safe and secure environment was never underestimated. For this reason, people had equal access to a wide range of health and safety resources. This included bespoke in-house training sessions and production of easy-to-understand safety guides. This helped to ensure people were empowered with the right information which would help to keep themselves and others safe.

Systems and processes to safeguard people from the risk of abuse:

- Safeguarding at Mary & Joseph House was truly reflective of national best practice centred around 'making safeguarding personal.' This area of practice was led by a highly committed and dedicated safeguarding lead.
- Safeguarding practice within the home focused on achieving meaningful improvement to people's circumstances rather than just on 'investigation' and 'conclusion.'
- Staff ensured a personalised approach that enabled safeguarding to be done with, not to, people. For example, people living at the home were encouraged and supported to participate in safeguarding training and easy-to-understand safeguarding booklets were provided to everyone.
- People living at the home told us they knew about the different forms of abuse and how to report it. Comments included, "We all keep an eye out for each other and we would always tell the manager if we had a concern.", and, "I've had training about abuse. It can be about money and physical abuse, other things too. I'd always report it."

Staffing and recruitment:

- The home continued to benefit from a long-serving dedicated workforce who worked flexibly to meet people's needs. The registered manager remained committed to ensuring there was a daily over-establishment of staff. This meant no temporary staffing agencies were ever used, and a highly responsive level of service could be maintained. A visiting professional commented, "There are enough staff with the right mix of skills on shift at any one time."
- Safe recruitment practices had been followed. This included a range of pre-employment checks and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Using medicines safely:

- Systems for the safe management of medicines continued to be operated effectively. Medicines were highly organised and people were receiving their medicines when they should. Staff responsible for medicines administration followed safe protocols for the receipt, storage, administration and disposal of medicines. Checks were carried out daily, weekly and monthly by staff.
- Where appropriate, staff ensured people were empowered and supported to manage their own medicines. One person told us, "I do my own medication, but the staff check everything is ok; if I have a problem I can always ask."

Learning lessons when things go wrong:

- The registered manager and wider leadership team were committed to a 'no blame' culture that sought to ensure continuous learning from untoward events.
- Accidents and incidents were closely monitored with the home with regular audits undertaken to capture re-occurring themes. Prompt and effective action was taken to reduce the likelihood of an untoward event occurring again in future.
- Lessons learnt, and outcomes were cascaded throughout the team to promote shared learning.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as outstanding. At this inspection this key question remains outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Adapting service, design, decoration to meet people's needs:

- Mary & Joseph House is a fully accessible building that exceeds people's needs. Since our last inspection, improvements continued to be made to enhance internal aspects of the home, and externally within the grounds.
- During 2018, a rarely used lounge within the home had been converted to a fully operational bistro. During our inspection we observed people baking in the bistro with staff, whilst others were relaxing, socialising and enjoying a coffee. One visiting relative told us, "They make everyone welcome. I can bring my two-year old and eat with my dad. We eat in the lounge that they turned into the Bistro, and we can have quality time together."
- A major refurbishment had also been completed in the main dining room and adjoining games room. The redecoration had been completed in line with national best practice guidance and people living at the home had been consulted throughout. The standout aspect of the refurbishment was the high-quality decoration and installation of adjustable mood lighting. We saw this had greatly enhanced people's experiences with the multi-use room regularly used to host a wide range of events, activities and celebrations.
- Staff continued to explore new ways to secure external funding for a variety of projects. The involvement of people was at the heart of any grant application, with people living at the home being the driving force around what they would like funds to be spent on. This had been transformational in enhancing the grounds and outside space, that were a hive of activity.
- Key standout projects included the installation of seven new raised allotment beds and a new greenhouse for growing flowers and vegetables, with the vegetables supplied to the kitchen; and an amazing 'woodland walk' was in the process of being created to enhance and maximise the use of the grounds, including installation of dedicated wooden seating areas.
- In the garden, a new chicken run was nearing completion; a luxurious 'Hen Den', called 'Cluckingham Palace' had been constructed ready to shortly receive two new hens.
- The positive impact of involving people in all aspects of these projects, from planning, design to build had been profound. The outside area had been transformed into a space that not only provided opportunities for therapeutic work-related activities, but provided a safe and secure oasis of peace and calm, in a highly urbanised neighbourhood.

Supporting people to eat and drink enough to maintain a balanced diet:

- The chef and catering team were highly valued and a fundamental part of life within the home. The catering team had an excellent understanding of people's needs and went above and beyond to ensure

people received the kind of food and drink they enjoyed. They were well supported by a team of nutrition and hydration champions.

- Staff continued to work in partnership with people living at home in exploring new and innovative ways to ensure people maintained a healthy and balanced diet. For example, since our last inspection, the 'food for thought' club had been established. People were invited to attend and participate in preparing and sampling a range of nutritious drinks, snacks and meals. The club was also used as a sounding board to seek people's views and opinions on potential new menu options. We saw people's food creations were being turned into a recipe book.
- Everyone we spoke with all agreed that the food was exceptional. Comments included, "The food's great. There are always two choices. I always eat in the dining room. You can get a sandwich any time", and, "The food is absolutely stunning. I've been a resident here before and the last time I used to work in the kitchen as a volunteer."
- An important annual event in the Mary & Joseph House calendar was Nutrition and Hydration Week. There was a focus on bringing people together to educate everyone in the value of good food and drink in maintaining health and well-being. Staff planned a fun filled week of activities starting with having an abundance of fresh fruit and vegetables available, as well as lots of fruit juices and speciality teas.
- Staff had also been creative in producing a fun and humorous in-house video to promote the importance of keeping hydrated. Feedback from people clearly demonstrated the event, and health promotion video, had been well received by all.

Ensuring consent to care and treatment in line with law and guidance:

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- In 2018, representatives from a local authority who had responsibility for legal matters related to DoLS, visited the home to gain a better understanding of what outstanding practice looked like in the management of DoLS and practical application of the MCA. This was further testament to excellent work achieved by staff within the home.
- We found that people's mental capacity to make decisions was assumed unless there was concerns to suggest otherwise. Where people did not have capacity to make decisions about their care or support, meetings were held with people, their relatives and health and social care professionals to ensure that any decisions were made in people's best interests.
- At the time of our inspection, 26 people had restrictions in place. Restrictions were deemed to be in people's best interest and to be the least restrictive.
- People deemed to have capacity were able to make decisions and choices for themselves and were free to leave at any time. However, the service had effective safeguarding and risk management strategies in place to ensure that when people chose to leave, this was managed as safely as possible.
- An assistant manager had lead responsibility for all matters related to the MCA and DoLS. They were highly knowledgeable in this area of practice and demonstrated a thorough understanding. Clear and

comprehensive records were maintained. A visiting social care professional had commented, "I have always found the staff to be enthusiastic and informed about the people they support. The notes are kept in the most professional style I have seen in my experience as both a social worker and a best interests assessor (30+ years)."

Staff support: induction, training, skills and experience:

- An assistant manager was responsible for learning and continuous professional development. The year-round learning programme was delivered creatively using a variety of methods, which sought to meet the majority of learning styles. For example, 'best practice' workshops, scenario's, role play, and practical sessions were utilised.
- Opportunities for continuous learning was not only a fundamental aspect of staff development but was routinely offered to people living at the home. We saw how this had a significant positive impact in building people's self-confidence and equipped them with skills for independent living.
- Without exception, people told us staff were well trained and very effective in meeting people's needs. Comments included, "It's excellent. Staff know what they're doing; if they're not absolutely sure they go and ask.", "It's fantastic. The staff are so happy and caring; so friendly and helpful. My [Relative's] key worker certainly goes the extra mile. She worked out how to get the best out of him."
- Throughout our inspection visit, it was strikingly apparent the home had the right people, doing the right job, in the right place, at the right time. This meant staff were highly effective in responding to people's individual needs. This was in part, due to the fact all staff, irrespective of job role, completed the Care Certificate. The Care Certificate is a set of nationally recognised standards that care workers follow in their daily working life.
- Staff received support to understand their roles and responsibilities through well-structured and meaningful supervision and annual appraisal. Supervision and appraisals are used to review staff performance and identify any training or support requirements.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; staff working with other agencies to provide consistent, effective, timely care:

- People were exceptionally well supported when moving between services. This included support provided before a person moved into Mary & Joseph House. Records demonstrated a multi-disciplinary approach was taken and that people's needs were comprehensively assessed before they moved into the home and throughout their stay.
- People's care and support had been planned and developed in line with recognised best practice and national guidance for the care and support of people living with alcohol related mental health problems. Staff were proactive in ensuring timely requests for assessments, support or guidance were made to external agencies and professionals. Feedback from a professional stated, "Care is person-centred. Staff recognise there is not a 'one size fits all' approach and treat residents as individuals."

Supporting people to live healthier lives, access healthcare services and support:

- The home benefited from a dedicated treatment room, with WIFI internet access. This meant visiting healthcare professionals could securely access NHS patient records from their own portable devices. This enabled healthcare staff to deliver a joined-up and integrated level of care and make timely onward referrals.
- People continued to have access to ongoing healthcare support as needed. The home had a well-established partnership with a local medical practice and the GP visited the home on a planned basis every month. Staff were also skilled in identifying new changes in people's health. This meant staff were highly effective in ensuring people's unplanned care needs were met, which helped to avoid unnecessary hospital admissions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as outstanding. At this inspection this key question remains outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Respecting and promoting people's privacy, dignity and independence; supporting people to express their views and be involved in making decisions about their care:

- Privacy, dignity and promoting independence was at the heart of Mary & Joseph House. Without exception, everyone we spoke with told us staff always treated them with respect, ensured their privacy and dignity and promoted independence. Comments from people included, "They certainly do help us to be and feel independent; they involve us actively in the work of the house, helping with the household tasks, cooking, cleaning, gardening and so on.", and, "When I came here from hospital I could only walk with a frame. But in no time, they had me walking on my own. I can go out on my own, so if I want to go to ASDA say, I can."
- For national Dignity in Care week 2019, with the encouragement and support of staff, people living at the home had decided they would celebrate the importance of dignified care through a fun filled week-long programme of activities. Activities provided throughout the week included transforming the dining area into a traditional tea room, with cakes and refreshments on offer. A mock 'day at the races' was set up with live horse racing shown on a large screen TV. People told us how they really enjoyed 'having a flutter' and a variety of prizes had been on offer. The week ended with a finale of music and song in the 'karaoke booth.' People told us they had really enjoyed singing songs by Elvis and Queen. We saw how this approach to Dignity in Care week had enabled people to share their thoughts and discuss what 'dignity' meant to them in a relaxed and informal way.
- People were supported and empowered to be equal partners when sharing their views and being involved in decisions about their care. Through monthly keyworker sessions, built on the principles of mutual trust and respect, people were able to share their personal goals, objectives and dreams. This resulted in outstanding outcomes for people. For example, when one person first moved into the home, their short-term memory was severely impaired, and they were living with a wide range of associated physical and emotional support needs. This person also had their freedom lawfully restricted in order to keep them safe. However, over time, the dedication, commitment, care and support provided by key workers had been transformational. We saw this person was now preparing to move-on to independent living. A number of comments from people perfectly summed up this approach; "I'd go as far to say they are life savers. No more words for it.", and, "All staff are committed to giving outstanding care which is personalised to the individual. It is always a pleasure to visit."

Ensuring people are well treated and supported; respecting equality and diversity:

- The open, inclusive and supportive nature of the home meant that promoting equality and diversity and respecting people's human rights was a golden thread that ran through every aspect of service delivery. This meant staff were well placed to support people from different backgrounds. Comments included, "It's fantastic at Mary & Joseph; so happy and caring.", "It's a nice home; the staff are very understanding and there's no discrimination.", "I can't praise the home highly enough, they are outstanding.", and, "They take so much care of the residents."
- Staff spoke with great pride about the people they supported. It was clear people were highly motivated to provide care and support that was kind and compassionate. One member of staff commented, "I feel in such a privileged position to work here. Its actually not like coming to work, its more like hanging out with friends. The men we support are incredible."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as outstanding. At this inspection this key question remains outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences:

- People told us care and support was highly personalised and tailored to meet people's individual needs. Comments included, "Life is very, very good here. It's made an enormous difference to me. This is my second time here; at the first time I stopped drinking. I moved out, went downhill, started again and ended up in hospital. Now I'm back, and words can't describe what it's done for me: it's given me my life back.", "I was very ill when I came here from hospital. The home has given me self-respect and dignity. In short it restored me to my true self.", and, "When my [relative] came here he was very unwell but still had lots of energy and was unfulfilled. He'd been a successful manager and had travelled all over the world. Living here has given him a quality of life that I couldn't imagine. Staff encouraged him to go out, go to shows, make visits to his home, and so on; he's even been to the christening of his granddaughter and, a few weeks ago, although he was at first reluctant, been on holiday to Blackpool with some of the other residents and staff."
- People were enthusiastic to tell us about the wide variety of activities on offer. Comments included, "It's always busy here. I like doing things like gardening and swimming.", "I listen to radio and a bit of TV; I like to play table tennis and pool – we have a competition. Bingo is always good.", and, "[Relative] does everything. He goes out, goes to shows; he even sang at the Christmas concert, one of his own songs – he used to write songs – and he remembered all the words! It would be impossible for him to have the sort of life he has here out in the community."
- A therapeutic art teacher worked full time in the home from a dedicated art studio. Throughout the home, there were magnificent displays of paintings and mosaics, all originals made by the remarkably talented residents.
- One of the therapeutic activity coordinators was a qualified joiner. With regular support from the maintenance manager, they managed a dedicated workshop with facilities designed and constructed in partnership with residents, for model making, carving, woodwork, painting/decorating, plumbing and tiling, all under expert supervision.
- Another therapeutic activity coordinator was a talented musician. One of their many skills was to coordinate and support the in-house resident band. During the inspection, we were privileged to be invited to watch the band perform. A resident was the lead singer and their performance was truly moving and inspirational in equal measures.
- The ultimate aim of providing the wide-ranging choice of activities described above, was to optimise a deep sense of well-being amongst all residents, and to increase independence. For one resident, their incredible personal achievement had led to them being nominated and shortlisted in the National Dementia Care Awards in the category of 'exceptional contribution from a person living with dementia.' This was

testimony not only to the hard work and commitment of the individual residents, but to the profound investment of staff.

End of life care and support:

- At the time of our inspection, no one was in receipt of end of life care. However, as part of good person-centred care planning, staff sensitively encouraged people to share their wishes around the kind of end of life care they would like to receive. This was then documented and agreed in conjunction with the person.
 - Staff within the home strived to ensure they were at the forefront of good practice for end of life care. In 2018 a member of staff attended a course ran by a local NHS hospital trust. On completion of the course, the learning was cascaded to all staff through a series of 'best practice' presentations.
 - As far as reasonably practicable, staff always sought to ensure people could remain within the home when nearing the end of life, to be cared for by people who knew them best, and in familiar soundings. Community based end of life healthcare professionals also provided clinical support.
 - Mary & Joseph House benefited from a beautiful onsite chapel that was often used for funerals and services of remembrance. This was a key aspect to ensuring people's spiritual and religious needs were met.
- In the months before our inspection visit, everyone at Mary & Joseph House had been affected by the passing of three residents. In one addition of a monthly newsletter, heartfelt and moving tributes had been paid to them.

Improving care quality in response to complaints or concerns:

- People told us they were happy with the care provided but would not hesitate to approach the manager with any concerns. People said any minor issues or problems had been dealt with positively by the service. Comments included, "Staff go out of their way to fix any problems. I get on with other residents and haven't had any concerns. If I had I would speak to the carers in the first instance.", and, "I haven't made any complaints. If I see something that is not quite as it should, I mention it to staff and it gets altered."
- Clear complaints records were in place detailing the actions taken following any complaints. There was evidence of an open culture and clear learning from complaints.

Meeting people's communication needs:

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The highly person-centred way in care and support was provided, meant people's information and communication needs were identified and acted upon in a timely manner. Examples of this included prompt and timely referrals to the sensory impairment team, with adaptations being put in place to promote independence, and documentation provided in alternative formats.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question remains outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Continuous learning and improving care; working in partnership with others:

- The leadership team was extremely proactive in sharing good practice with others. Their success in helping people to achieve outcomes was regularly shared with other health and social care organisations to help improve care outcomes in other services. The registered manager told us her message to others was simple; 'you can do it if there is the commitment to do it.'
- The registered manager was a true ambassador in championing and advocating for people who lived with Korsakoff syndrome. Since our last inspection the registered manager had continued to attend conferences and events, presenting and facilitating workshops.
- In 2018, the registered manager won two prestigious awards in recognition of her outstanding leadership, commitment to developing talent, and unwavering commitment to providing high quality care. The awards were presented at the Greater Manchester Health & Care Champion Awards and the Great British Care Awards respectively.
- The home has been in receipt of Investors in People accreditation since 2009; this demonstrates a continual commitment to maintaining this accreditation. The IIP accreditation programme looks at the leadership, support and management of employees and identifies good practice or areas for improvement. In their most recent accreditation report, the service had been commended for the training and development of staff.
- Since 2016, the registered manager and wider team had remained committed to the Social Care Commitment. This is seen by the government as a key part of the solution to raising the standard of, and the public's confidence in, care and support offered within social care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people:

- The provider, the Joseph Cox Charity, had a long and well-respected history of providing care and support services locally, to men who had been made vulnerable by their circumstances. The proud traditions of the charity continued to be well represented by the culture, ethos, vision and values of everyone in the home. That made Mary & Joseph House a truly remarkable and caring place.
- The home had a proven track record of achieving outstanding care and outstanding outcomes. At this inspection we found the home had maintained and further improved outstanding features relating to person-centred care, activities and independence found at the last inspection in 2016. Sustaining this quality of care over time demonstrated to us that the leadership and management within the home was truly exceptional.
- Without exception, people we spoke with told us they considered Mary & Joseph House to have

outstanding leadership. Comments from people included, "The manager comes and chats and we have a laugh together. She and the assistant managers will always do their best to sort any issues out. If they can't settle something straight away, they say 'Leave it with us' and then they always sort something out.", "The senior staff are exceptional and a credit to the organisation".

- Staff were equally complimentary about the culture created by the registered manager and leadership team. Comments included, "[Registered manager] drives and motivates us all each and every day. She's incredible.", "I really can't put into enough words really. The registered manager and assistant managers are just fantastic.", and, "As a team of staff we're constantly encouraged and motivated to discuss new ideas and ways to make improvements."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- Mary & Joseph House continued to benefit from a long-serving and well-established management team. The registered manager was consistently well supported by three assistant managers. Each assistant manager told us they had the autonomy to make decisions, based on mutual trust and respect.
- There was a well-established and fully embedded governance and quality assurance framework in place. There was a systematic cycle of planning, action and review, reflecting aims and outcomes for people. Seeking the views of people, their relatives and other health and social care professionals was also a fundamental aspect of quality assuring the services provided.
- The Joseph Cox Charity (the provider) was made up of a board of Trustees. The registered manager spoke highly of how they continued to be exceptionally well supported and that the provider was very responsive to requests made of them. The registered manager met with the Trustees on a monthly basis to discuss quality assurance and other relevant matters.
- The registered manager had an excellent understanding of their role in ensuring good governance and compliance with relevant legislation.

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

- People were empowered and enabled to take control of shaping the service they received. People were always encouraged to be involved in the recruitment and selection of staff, and people were supported to manage their own resident-led meetings. This demonstrated a commitment to working in partnership with people, and ensuring their views were valued.
- Surveys were sent to people, their families, external professionals and staff to gain their views of the service. A suggestion box was also in place in the main reception area. Comments from people included, "I go to the residents' meetings, but you don't have to wait for that: you can always go and talk to the staff if you've something you want to say.", and, "I've done a few of the surveys. The chef always welcomes suggestions about food anyway."

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

- There was an open, honest and transparent culture within the home and staff demonstrated a high value base. This was clearly led from the top down.
- Accidents, incidents and untoward events were fully investigated, and positive action taken to reduce the likelihood of such events occurring again in future.
- Reports and notifications were made to the relevant authorities in a timely way. Records were robust and completed to a very high standard.