The Frances Taylor Foundation

St Joseph's Home

Inspection report

Blundell Avenue
Freshfield
Formby
Merseyside
L37 1PH

Tel: 01704872133
Website: www.ftf.org.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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 5 and 8 February 2016 and was unannounced.

St Joseph's care home is a 36 bedded purpose built home for adults with complex physical needs and learning disabilities. It is located in Formby and owned and managed by The Frances Taylor Foundation.

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

The registered manager and the team promoted extremely strong values in relation to the vision of the organisation which was 'that people lead life to the full - with their dignity respected, independence supported, and uniqueness valued.' The culture was remarkably caring, with the people who lived in the home at the heart of everything. The registered manager was able to demonstrate an in-depth knowledge of the people who lived at the home, and the staff team they led. Relatives we spoke with confirmed how caring the staff team were, they were especially complimentary about the caring attitude of the registered manager, deputy manager and the staff team.

When speaking to staff, and from our observations around the service, we could see highly personalised and spontaneous acts of kindness taking place between staff and people who lived at the home. Relatives we spoke with told us that the staff were skilled and thoughtful.

Care plans were personalised and very detailed, encompassing important information about each person so as to enable the staff to know them as an individual, and explain how their needs should be met. Relatives told us they were involved and included in their family members care and support and that communication between themselves and the staff team was exceptional. Relatives told us they felt their family member was valued highly and were listened too.

Peoples independence was promoted in the least restrictive way possible. Risk assessments identified any possible risks, and there was a plan in place to help keep people safe, whilst encouraging them to partake in new activities. The registered manager and the staff team demonstrated a good knowledge of The Mental Capacity Act 2005 (MCA) and their roles linked to this legislation.

Staff were trained and skilled in all mandatory subjects, and additional training which was taking place within the organisation. Staff we spoke with were able to explain their development plans to us in detail and told us they enjoyed the training they received. Staff told us they could approach the management team anytime and ask for additional support and advice, and were able to give us examples of how they had done this in the past.

Staff spoke highly of the organisation's values and all of the staff we spoke with told us they were proud to work for the organisation. Staff said they benefited from regular one to one supervision and appraisal from their manager, and they felt empowered to raise any concerns or issues.

There was a safeguarding and a whistleblowing policy in place, which staff were familiar with.

Quality assurance audits and feedback was collected regularly from staff, relatives and people living at the home, and was analysed and responded too appropriately. We could see the registered manager was using this feedback to continually improve the service. Other quality assurance audits we saw were highly detailed and responded appropriately to shortfalls identified within the service provision, complete with working action plans and target dates for completion.

Medication was managed safely within the service.

Menus were in place and incorporated peoples choices and preferences. The management team had recently attended specialist training to improve the quality of pureed food for people who lived at the home, and we could see this was being actioned during the time of our inspection.

Staff were recruited safely and appropriate checks were carried out before they commenced work. Staff told us they received a thorough induction, and we were able to see how the induction process was followed for new staff.

People were able to see external health care professionals when they needed too, and we could see that appropriate referrals were being made for people when they needed them

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff were recruited appropriately and safely to enable them to work with vulnerable people.

Risk assessments were in place and risks to people were explained in detail including any action which needed to be taken to help keep people safe.

Systems and processes for the storing, administering and disposing of medication was safe.

There was a safeguarding policy in place, this was available for people in different formats and displayed around the home in a pictorial format.

There was enough staff on shift; rotas showed shifts were filled appropriately.

There were checks in place to help keep the building safe and these were regularly updated by external agencies and checked weekly by the maintenance person employed by the home.

Is the service effective?

Good

The service was effective

The service was operating in accordance with The Mental Capacity Act 2005 and associated principles.

Training was exceptionally well structured and specialised to meet the needs of the people living at the home.

Staff felt the level of training and supervision they had access to supported them effectively in their everyday role and made them feel valued.

Each person's room was unique and designed specifically for them.

Is the service caring?

Outstanding ☆

The service was outstanding

People were treated as individuals and were involved in every element of their care.
There were exceptional levels of kindness and compassion for people, relatives and staff.

Staff were caring and regularly carried out acts of kindness in addition to those required to meet people's identified needs and encouraged people to be included in a way which is meaningful for them.

The importance of building caring relationships was valued by everyone in the organisation.

Is the service responsive?

Good

The service was responsive.

People knew how to make a complaint and were confident complaints would be dealt with effectively.

People's needs were personalised through effective assessed care plans which were written to identify specialised support techniques.

Histories and peoples backgrounds were used to develop and provide personalised care that valued them as individuals.

Is the service well-led?

Good

The service was well led.

There were strong organisational values that were promoted through every level of the organisation; all staff spoke about a 'no blame' culture within the organisation.

The registered manager continually sought ways to improve the service by consulting with people and staff.

The management team were open and transparent and could clearly demonstrate an approach to leadership which valued all staff members and the people they supported. □

St Joseph's Home

Detailed findings

Background to this inspection

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

This inspection took place on 5 and 8 February 2016 and was unannounced.

The inspection team consisted of an adult social care inspector.

Before our inspection we reviewed the information we held about the home. This included the Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the notifications and other intelligence the Care Quality Commission had received about the home.

During the inspection we spent time with one person who was living at the home and spoke to three family members. We also spoke with the registered manager, the deputy manager and five care 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 looked at the care records for three people living at the home, three staff personnel files and records relevant to the quality monitoring of the service. We looked round the home, including people's bedrooms, the kitchen, bathrooms and the lounge areas.

Good

Is the service safe?

Our findings

Due to people's different levels of ability, some people were unable to verbally communicate their views to us. However, we did speak to relatives of people who lived in the home. People's relatives told us they felt safe knowing that their relative was in St Josephs. One relative said, "It's just excellent. I could not wish for better." Other comments included, "It's marvellous" and "We always feel so welcome."

We checked how staff were recruited to work in the home. We saw that the organisation followed a robust screening procedure and staff were subject to recruitment checks and a criminal records check before they were offered a position within the home. There were two references on file for each person and copies of identification had been taken and were kept securely in the staff members file.

We looked at people's risk assessments and could see a structured process had taken to place to both assess the risks and to minimise the risk of harm to the person. The information relating to risk assessments in people's files was regularly updated and we could see that any changes had been modified in the document. The risk assessments incorporated areas, such as activities at the home, community involvement and supporting people with clinical needs, such as supporting people to receive safe care of their PEG [Percutaneous Endoscopic gastrostomy] feed. PEG feeding is a procedure in which a tube (PEG tube) is passed into a patient's stomach through the abdomen to provide a means of feeding when taking food and fluid through the mouth is not appropriate. We saw that even though more than one person was receiving this type of support, each person's risk assessment was specific to them, the type of PEG they have in place and the type of machine they used. This demonstrates that each person was being risk assessed individually and a generic risk assessment was not being used.

We looked at the procedure for managing medicines within the home. We had received a high number of notifications regarding medication errors, which had recently taken place within the home and had been investigated by the local authority. We saw that in response to recommendations made, the registered manager had completely changed the approach to the management of medicines. The registered manager had arranged for two external medication audits to take place. The findings had been actioned straight away. We saw a new temperature controlled medication room had been built; each person had their own cupboard, which was securely locked with their stock of medication that was counted daily, for loose medications and monthly for pre-packaged medications.

The organisation had also 'bought in' specific medication training tailored to the conditions in which the staff at St Joseph's administered medication. For example, in people's bedrooms or lounge areas and how to safely ensure medication had been taken. Medication was administered by a delegated person on each shift who had completed and passed a competency test, before they were allowed to administer medication. We spot checked the MAR [Medication Administration Records] sheets for three people living at the home and counted their loose medications. We could see that all totals corresponded to the totals recorded on the MAR sheets. The MAR contained a plan for each person, who a photograph of the person on the front and a list of the medication and what it was used for. People prescribed PRN (medication when required) had a detailed protocol in place which explained when the PRN was needed and why.

We looked at the adult safeguarding policy for the home and asked the staff about their understanding of their roles in relation to safeguarding. Staff were clearly able to demonstrate an in depth knowledge of the procedures they would be expected to follow to keep people safe from abuse. One staff member said "I would go to (registered manager) and tell her."

We also asked staff about whistleblowing. All of the staff we spoke with told us they would not hesitate to use this policy if they felt they needed too.

We checked to see if the relevant health and safety checks were regular completed on the building. We spot checked some of the certificates, such as the gas, electric and mobile equipment, including hoists and slings. Everyone who lived at the home had a personal evacuation plan (PEEP) in place that was personalised to suit their needs.

The environment was clean and people's rooms were decorated according to their own taste. People had been fully involved in the décor of the homes communal areas, such as the dining areas and lounges. Family members who we spoke with confirmed they had been consulted and involved in any decoration process. There was a hydro pool which was fully operational and people used on a regular basis. We were able to observe the pool area, and found all relevant risk assessments associated with this actively had been completed and were regularly reviewed to help keep people safe while using the hydro pool.

Rotas and our observations evidenced that there was enough staff on shift to meet people's needs.

Good

Is the service effective?

Our findings

Family members we spoke with said that the staff were well skilled in their roles. One family member told us, "They [staff] are very good." Another said, "Well I imagine they would be [trained], they certainly know a lot about [family member]."

We looked at the training and support in place for staff. We asked the registered manager to show us their training matrix and explain how effective it was The registered manager provided us with a colour coded matrix, which was a 'live' system. This meant that when a staff members training was due to expire an alert would be generated so they could be booked on the next available training course. All of the staff we spoke with told us they were trained in 'mandatory' subjects, such as moving and handling, first aid, and health and safety. In addition, we saw other training taking place to specifically to support the needs of the people living in the home, such as communication training.

All staff told is they were regularly supervised and appraised annually, and we saw recorded evidence that this had taken place.

We looked at the kitchen and the arrangements for the provision and planning of meals. The kitchen was readily accessible and we saw staff making drinks and snacks for people during the day. There was a pictorial menu in place; this was also displayed on large boards in the dining rooms. We saw, and our conversation with family members and staff confirmed that people were given a choice about what they ate. The home regularly added new foods and recipes to the menu and afterwards asked for people's feedback regarding these new foods.

We found staff had a good understanding and knowledge of the key requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). 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 decision's and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked to see whether the service was working within the principles of the MCA, and whether the conditions identified in the authorisations to deprive a person of their liberty were being met. The registered manager showed us one application they had recently submitted to the 'Supervisory Body' to deprive someone of their liberty. This had been agreed recently and was in the person's file. The registered manager was in the process of notifying us of this. The registered manager showed us another application they had made, however, this was yet to be agreed. The registered manager understood the requirements of the Deprivation of Liberty Safeguards (DoLS).

We could see the service had gained consent from people who lived at the home to be able to share their records, support them with medications and provide their care. For any person who did not have the capacity to consent to care we could see the principles of the MCA were followed and the least restrictive option was chosen. Throughout the day we continuously heard staff asking people for their consent before they provided support.

Relatives of people living at the home told us that the home was suitable for their family members to live in and no one had any complaints about the building. We saw the building was well lit and the grounds were well kept and tidy.

We saw people were supported to maintain their physical health and there was documentation which showed that a range of healthcare professionals regularly visited people, and people were supported by staff to attend regular appointments and check-ups. One family told us, "They are spot on with knowing when [family member] needs to see the doctor. They [staff] sort it out and call me straight away to let me know what is happening."

Outstanding ☆

Is the service caring?

Our findings

Everyone we spoke with, without exception, commented on the caring nature of staff. One relative said, "They are an absolute joy." Another said, "They are just amazing." Other comments included "You can tell they care 100%. It's so reassuring they are there." Also, "It's just fabulous" and "I feel lucky they [family member] has them."

All staff had adopted an ethos of 'intensive interaction' which shaped the care delivered at the home. The registered manager of the home told us, "We wanted to ensure being person centred isn't just about drawing up an attractive plan, but is evidenced through how we support individuals." Each person who lived at the home had a 'making it happen folder' in place, which was centred on activities people liked to do daily and the support they required to do them. The service had two dedicated support staff that had been specifically trained to undertake this role, and part of their role was to engage with people, research different types of activities, and train the staff around intensive interaction techniques. Some staff had already been specifically trained in this type of interaction. Staff were passionate about this and we saw from our observations that it meant a lot to people. People were smiling and laughing and looked genuinely cheerful and happy. We saw examples of this interaction taking place, and could see what it meant to the people living at the home. One member of staff had written a poem to explain their experiences and what this type of support meant for them. This poem will be published nationally in the next few weeks. The staff member who wrote this poem was able to explain to us how their life had changed since doing the job and how happy it made them.

Our observations and conversations with the staff showed the vast and detailed knowledge they had about the people they supported. For example, we asked a staff member to explain how they ensured people get care which is meaningful for them. The member of staff told us about how important it is to spend some one to one time with people to find out about them. The staff member said "I feel like I know people so well because I don't just rely on what their file tells me, I try to find out more about that person by trying new things with them and experiences." The staff member then when on to explain how they had taken a person to an outdoor experience, and they loved it. We looked at photographs displayed around the home, of people who live at the home and their staff enjoying a wide range of activities, such as baking and gardening. We could see comments had been written by the staff next to these photographs commenting on what a good time they had together. One of the comments read "A wonderful day had." All the staff we spoke with told us they loved their jobs because of the people they supported and staff told us they genuinely believed in the vision of the organisation. One staff member said, "This goes beyond paid work. It's about making people smile." Another staff member told us, "I always go home so happy."

From directors to care staff, everyone we spoke with put the needs of the people they supported at the centre of everything they did. We were told by the registered manager that when people have to be admitted to hospital the staff accompany them and support them in the hospital for as long as they are there. This is something which the home sometimes does independently, even without any additional funding. The registered manager told us "It is upsetting enough for them to be in hospital away from their home, so we could not imagine what it would be like not to have a familiar face for them as well, so we

[other members of the management team and the staff] decided we would be there to support them." Staff we spoke with also confirmed this takes place. One member of staff said "I have been asked to support someone who was admitted to hospital, I worked my shift there so they had familiar staff around them."

Staff were positive about the caring nature of the management team and a member of staff told us, how management "really care about people." One staff member said, "The registered manager is caring, she really cares about us, and the people who live here".

Specific training around communication took place which the home referred to as 'intensive interaction.' This was where staff communicated with people using specific techniques which were unique to that person; we were able to see this taking place at various times during our inspection. For example, we saw one staff member touching a person's arm in a certain way which we saw from looking at their care plan was meaningful to them, and we observed another member of staff was leaning in closely to a person and speaking very gently to them asking them what they wanted to do for the day. The staff member and the person were deeply engaged in their own meaningful conversation.

We observed another person receiving support in one of the areas in St Josephs. For example, the interaction contact between one person and the staff member was very positive. This person was non-verbal, and we observed the staff member sitting next to the person and gently explaining the breakfast menu using pictures and hand gestures. The person was responding using their own unique mixture of signs and sounds, and the staff member understood what they were saying. The relationship between the staff member and the person who lived at the home looked natural and familiar.

We saw evidence of staff finding creative and imaginative ways to spend time with people at the home. The staff told us people living at the home had shown interest in Chinese new year a few days ago. For example, staff told us they had used the internet in their own time to find things to make for Chinese New Year and had gone and purchased the products in their own time to bring in and complete with people next time they were at work. The staff member who had done this was working during the second day of our inspection, so we were able to see this taking place. One staff member told us, "It's not like work. I love looking for things we can do that will make people smile."

We saw there was advocacy information in the home for people who had no family or next of kin. People could access this service if they wished to do so, with or without support. We saw that this information had been written in pictorial format to support peoples understanding of the document.

Staff we spoke with gave us examples of how they had protected people's dignity and respect, not just by closing doors when delivering personal care, but making sure people had their own space and were respected if they chose to have time to themselves.

We saw that people who required a soft diet were provided with food under a new system called 'Pureed food innovation.' This is where the food was pureed and shaped to look like the item of food it was supposed to be so people would know what they were eating. The deputy manager explained to us why this food was different and showed us examples of foods, such as sausages, which were not just shaped to look like the food; they were also textured so they could be cut up and eaten as finger foods. The deputy manager explained that the home was introducing this was so people could maintain their independence with regards to eating even if they could no longer hold a knife and fork. These examples showed us how the home was looking for new and creative ways to promote independence and ensure mealtimes remained a pleasurable experience for people who lived in the home.

Good

Is the service responsive?

Our findings

Relatives of people living in the home told us they were involved and contributed to their family members care plan. One person said "Oh yes, every time they have reviews we are always invited to partake."

We saw that people underwent assessment process before coming into the home. We saw this process consisted of regular engagement between the registered manager, the staff and other health professionals involved in the person's care at the time such as speech and language therapists or psychologists, and the person's relatives.

We found that care plans and records were individualised to meet people's preferences and reflected their identified needs from admission and during their stay. For example, we saw that it was important to one person who could not communicate verbally that they always had access to their 'spell board.' A spell board is communication aid which can be used by people who cannot express themselves verbally. It is used by them 'spelling' out words or short sentences to let staff/family members know what they want. We could see from observing that person and by looking at photographs of them around the home that they always had this with them.

Each person had their own personalised table mat. We saw they had a photograph of the person on, also pictures of what cup and plate they used, what they liked to eat, and any problems they had with swallowing. The registered manager explained this is an easy way to ensure staff are providing the correct support to people at lunchtime. The registered manager said "Some people who are unable to communicate their preferences might not wish to eat if staff are unknowingly doing something they are not used too. This placemat might help as all of the information is already there."

We saw how the staff responded and offered additional support for one person who had recently had a family bereavement. This involved the staff reading a story to the person about their experiences with that family member, to encourage general conversation and reminiscence. The staff did this by using interactive stimulus. For example, we saw the staff had given the person tree branches to touch when the staff read the line, 'We walked in the woods". We saw how the person enjoyed this type of support; it was a positive reaction.

We saw that throughout the home, displayed on the walls, was information for people regarding how to complain. The information was presented in pictorial format, including pictures of the registered manager and staff members as staff who people could go to if they had a complaint. The complaints procedure was also included in the 'St Josephs, a guide to your home." which was issued to every person and their family members when they came to live at the home. There was no complaints to review, as the service had not received any formal complaints recently.

We saw from looking at peoples care plans that staff had responded appropriately when people's care needs changed. For example, one person had lost weight recently, and we could see the staff had made a referral to the dietician to come to the home and review the person. Family members told us the staff and

the registered manager acted impeccably when someone who lived at the home was unwell and medical intervention was needed. We were able to see a log in each person's care file when health professionals had visited, and the outcomes and staff actions were clearly recorded.

The home was part of the 'TeleMed' pilot. This means there is a laptop available in the home were staff and people who live at the home can partake in video calls with trained nurses and doctors out of hours if they are feeling unwell or need to obtain advice regarding an injury or medication. The manager explained the staff member or the person could speak face to face with the health professional, and show their injury or medication to the professional over the video link.

We saw the minutes of regular meetings, where the people who lived there and their families were invited to chat about the home. We could see these happened around every three months. Relatives we spoke with were particularly complimentary about these events, and one person said "They are so open and honest, they really make a fuss of you, and I'm so glad [family member] is there."

We saw there was on site facilities for people to use, such as the hydro therapy pool and snoezelen room, both decorated and fitted out with equipment to a very high standard. In addition to this, there were many activities going on in each of the units for people to engage in if the wished, such as baking, pampering and other people were watching a film.

We were able to look at some peoples bedrooms. These were all decorated in a way which suited each person and matched their likes and preferences. There were no two bedrooms the same. For example, we saw a bedroom decorated for a person who had a visual impairment. This persons plan documented that they liked 'shabby chic' and different textures. The staff had supported them to choose texture and patterns which suited the person's individual style, and the bedroom was decorated with different textures of velvets and silks.

Good

Is the service well-led?

Our findings

There was a registered manager in post who had been there for over 12 months.

Staff were highly motivated about their work and enthusiastic about the organisation. Everyone we spoke with were extremely complimentary about the registered manager and wider management team. Comments included, "I can't fault them [registered manager]" and "[registered manager] is like a breath of fresh air." Staff told us, "[registered manager and deputy managers] are completely and utterly supportive. You can always go to them and not be worried you are going to get told off, it's just not like that here they are so supportive." Some of the staff told us the home operated a 'no blame' culture here were the staff felt they could own up to mistakes and not be worried about losing their jobs.

This caring culture was demonstrated at all levels of the organisation. For example, a member of staff described an incident at the home which resulted in person becoming anxious and upset. The member of staff said, "I was so worried about [person] and whether we had acted appropriately, so I asked my manager. Even though it was a weekend, they [manager] still spent ages on the phone with me talking things through. It really gave me a confidence boost."

The registered manager had used their expertise in health and social care to introduce new ways of working and ensured people felt listened to and valued. For example, we would see how the registered manager had listened to feedback from staff regarding making changes to staffing levels, and we could see this was actively happening. All of the staff we spoke with could quote the vision and mission of The Frances Taylor Foundation, and told us they feel like the organisation 'care' about the staff, as well as the people they support.

The registered manager had brought new ideas to the home, which along with the deputy manager and staff team within St Josephs. It was evident they continuously strived to improve their support and care. The registered manager was open and honest about how challenging it could sometimes be to recruit new staff due to the location of the home, which is a long walk away from the nearest public transport link. However, the staff had arranged car sharing most days, and the registered manager regularly picked staff up.

We enquired about quality assurance systems in place to monitor performance and drive continuous improvements. The registered manager had developed a system to analyse trends and patterns in relation to accidents and incidents. We saw that all accidents and incidents and been recorded and any actions identified had been completed. For example, a medicines error had been reported by a member of staff. The correct action had been taken to ensure the person's safety. An investigation had been carried out and staff had completed additional medicine training and was to be assessed as competent before administering medicines unsupervised. This shows that the provider is taking reasonable steps to prevent future errors.

There were other effective quality assurance processes in place. This included regular audits of medicine administration records, care plans and staff records.

The organisation had a range of policies and procedures in place and these were available for the staff to refer to. These polices were subject to review to ensure they were in accordance with current legislation and best practice.

The registered manager was supported by the Deputy Social Care Director who was at the home during the second day of our inspection. We were able to view minutes from meetings held every few months involving all of the other managers within the organisation. The minutes included agenda items such as swapping success stories and analysing incidents and accidents within the organisation as a whole.

The provider held regular safeguarding meetings for all of the managers across the organisation. We were able to see minutes of these, and could see this was used as an opportunity to share good practice and discuss lessons learned. We could see that effective action had been taken in response to the services own safeguarding, and effective measures had been put into place to help mitigate the risk of future reoccurrences.

We saw results from a recent feedback survey undertaken by the home and the registered manager had analysed the results and developed a chart made up of people's responses to multiple choice questions.

The registered manager was aware of their role with regards to reporting to the Commission any notifiable events. Our records reflected this.