

Little Sisters of the Poor

Mount St Joseph - Leeds

Inspection report

Shire Oak Road
Headingley
Leeds
West Yorkshire
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Tel: 01132784101

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected Mount St Joseph's on 08 March 2016 and the visit was unannounced. We last carried out an inspection in June 2014, when we found the provider was meeting the regulations we inspected.

Mount St Joseph's is a purpose built home that provides nursing care. It is registered to provide care for up to 46 people in the Headingley area of Leeds. It is close to local amenities and bus routes. Accommodation is provided on two floors that are accessed by taking the stairs or lift. All bedrooms are single usage and all have en-suite facilities. Overnight visitors can usually be accommodated.

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

There was a rolling programme of training available which included; mental capacity act, safeguarding vulnerable adults, medication, moving and handling, first aid, nutrition and hydration awareness as well as dementia awareness. However we found gaps in the staff training schedule.

People told us they felt safe. Staff had a good understanding of safeguarding vulnerable adults and knew what to do to keep people safe. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines safely.

We found there were systems in place to protect people from risk of harm and appropriate recruitment procedures were in place. There were policies and procedures in place in relation to the Mental Capacity Act 2005.

There were enough staff to keep people safe. Staff told us they received training and support to fulfil their roles.

Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. This included ensuring a Disclosure and Barring Service (DBS) check and at least two written references were obtained before staff started work.

People told us they received the support they needed with meals and healthcare. Health, care and support needs were effectively assessed. People had regular contact with healthcare professionals; this helped ensure their needs were met.

People were supported by staff who treated them with kindness and were respectful of their privacy and dignity. People participated in a range of activities and were able to choose where they spent their time.

The service had good management and leadership. People were provided with opportunities to comment on the quality of service and influence service delivery. Effective systems were in place which ensured people received safe and quality care. Complaints were investigated and responded to appropriately.

There was an effective quality assurance monitoring system in place to identify any shortfall in the service. A breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was found during this inspection. You can see what action we told the provider to take at the end of this report.

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.

Staffing levels were met the needs of the people who used the service.

Staff knew how to recognise and respond to abuse appropriately. They could describe the different types of abuse and had received training on safeguarding vulnerable adults. We saw the recruitment process for staff was robust.

We found medicines were managed safely for people.

Is the service effective?

Requires Improvement ●

The service was not always effective in meeting people's needs.

Staff said they received training and support to fulfil their roles. However, there were several staff members whose training needed to be updated.

We found the service was meeting the legal requirements relating to the Mental Capacity Act 2005. (MCA)

Health, care and support needs were met by regular contact with health professionals and people's nutritional needs were met.

Is the service caring?

Good ●

The service was caring.

Staff had developed good relationships with the people using the service. There was a happy and relaxed atmosphere. People told us they were well cared for.

Staff understood how to treat people with dignity and respect and were confident people received good care

Is the service responsive?

Good ●

The service was responsive to people's needs.

People's care plans contained sufficient and relevant information to provide consistent, person centred care and support.

There was opportunity for people to be involved in a range of activities within the home.

Complaints were responded to appropriately.

Is the service well-led?

Good ●

The service was well led.

People who used the service, relatives and staff told us the registered manager was very supportive and well respected.

The provider had systems in place to monitor the quality of the service.

People who used the service, relatives and staff members were asked to comment on the quality of care and support through surveys, meetings and daily interactions.

Mount St Joseph - Leeds

Detailed findings

Background to this inspection

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

The inspection took place on 8 March 2016 and was unannounced. The inspection team consisted of two adult social care inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed all the information we held about the home, including statutory notifications and any other information we had received about the service. We contacted the local authority and Healthwatch. We were not made aware of any concerns by the local authority. Healthwatch feedback stated they had no comments or concerns. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of our inspection there were 43 people living at Mount St Joseph's. During our visit we spoke with 14 people who used the service, five visitors and nine members of staff and the registered manager. We spent some time looking at documents and records that related to people's care and support and the management of the service. We looked at nine people's care plans.

Is the service safe?

Our findings

People who used the service said they felt safe and they liked living at the home. People's comments included, "Oh yes; very safe. I'm quite happy here." and "I'm very happy here. I definitely feel very safe." Relatives of people who used the service said they felt their family member was cared for in a safe environment. One relative told us, "We feel confident that [relative] is happy and safe. We're very happy with everything. The staff couldn't be more helpful."

Staff said they were aware of their roles and responsibilities regarding the safeguarding of vulnerable adults and the need to accurately record and report potential incidents of abuse. They were able to describe different types of abuse and were clear on how to report concerns outside of the home if they needed to. Staff had received training in the safeguarding of vulnerable adults. Staff we spoke with said the training had provided them with good information that helped them understand the safeguarding processes. There were effective procedures in place to make sure any concerns about the safety of people who used the service were appropriately reported. We saw safeguarding incidents were reported appropriately to the local authority and to the Care Quality Commission (CQC).

Risks to people were appropriately assessed, managed and reviewed. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. We looked at six people's care plans and saw relevant risk assessments had been carried out to minimise the risk of harm to people who used the service. The risk assessments gave detailed guidance and were linked to care plans and the activity involved in care or support delivery. For example; falls, moving and handling, medication risks and people going out had all been risk assessed. The assessments identified any hazards that needed to be taken into account and gave staff guidance on the actions to take to minimise risk of harm. Staff we spoke with were aware of the risks people faced and what was in place to prevent or minimise them.

We looked around the premises and saw people lived in a comfortable and clean environment. The premises were well maintained, safe and secure. Décor, soft furnishings and furniture were clean, well maintained and appropriate for the needs of people living in the home. Windows were fitted with locks and restrictors. A window restrictor prevents a window from opening more than a few inches which means people cannot fit through the gap and come to harm.

We saw there were systems in place to make sure equipment was maintained and serviced as required. We saw evidence that independent safety checks had been carried out annually for gas and electrical safety, water hygiene and passenger lifts.

We saw the service's fire assessment and records, which showed fire safety equipment was tested and fire evacuation procedures were practised. We saw fire extinguishers were present and in date. There were clear directions for fire exits. Staff told us they had received fire safety training and records we looked at confirmed this.

Through our observations and discussions with people who used the service, their relatives and staff members, we concluded there were enough staff with the right experience and training to meet the needs of the people living in the home. One person who used the service said, "There is plenty of staff around. They come straight away when called. If you have to wait it's just a few minutes." Staff we spoke with said there were enough staff to meet people's needs, and they did not have concerns about staffing levels. We observed staff were present throughout the service and responded to people's needs in an unhurried and timely way, giving people time to make choices and express preferences. The rotas we looked at showed staffing levels were provided as planned. Any gaps such as sickness or vacancies were covered by staff working additional hours or bank staff.

We asked one visitor about staffing levels at the service they said, "I think there is enough. My mother has never said she has to wait long to be attended to."

There were effective recruitment and selection processes in place. Appropriate checks were undertaken before staff began work. This included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

We looked at a sample of medicines and records for people living at the home as well as systems for the storage, ordering, administering, safekeeping, reviewing and disposing of medicines. We found medicines were stored securely and there were adequate stocks of each person's medicines available.

The service had procedures for the safe handling of medicines. We looked at the storage of medications. Boxed and bottled medications were in date, clean and dry with all names and dosages clear and legible. Medication fridge temperatures were documented daily and within safe limits to ensure medicines were stored at temperatures that maintained their effectiveness. We looked at the management of controlled drugs (CD) (medicines liable to misuse). A CD record book was available, and information entered correctly.

We observed staff administering medicines. We saw the medicines trolley was locked securely whilst staff attended to each person. We saw the individual Medication Administration Records (MARs) were printed and were fully signed by the staff member at the time of each individual administration. We saw no signatures were missing on the MARs we reviewed which meant people received their medicines as prescribed. We saw people were informed of the medication they were being given, and the care worker stayed with the person observing until the medication had been swallowed. We saw two people had refused their medication, so the care worker locked the medication away to try again later in the round; when they went back to retry, one person were then happy to take their medication. The second person refused again so a note to indicate this was entered on the MAR chart to prompt the staff member to take further action. We re-visited this later in the day and the person had received their medication and this was clearly documented.

We saw there were systems in place to analyse and monitor accidents and incidents. Information showed incidents were reviewed by the registered manager for any patterns or trends and ways of preventing re-occurrence such as referrals to the falls clinic or requests for equipment for people.

Is the service effective?

Our findings

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 so that they can 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 whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had applied for three peoples' DoLS authorisations with three more peoples' files ready to submit.

Staff we spoke with were able to talk about DoLS, and understood it was a safeguard put in place to protect vulnerable people. Two staff spoken with told us they had received training about the MCA. They understood people could make some day to day decisions for themselves, even if they lacked mental capacity for more complex decision making. At the time of the inspection three quarters of the staff had already received training on MCA and DoLS. Two further sessions were programmed for 20 May 2016.

Staff spoken with told us they received the training they needed to meet people's needs and fulfil their job role. There was a rolling programme of training available which included; MCA, safeguarding vulnerable adults, medication, moving and handling, first aid, nutrition and hydration awareness and dementia awareness. However, we found several staff training certificates had expired or required updating. For example, the training involving 'moving and handling' was last completed by five members of staff in 2014. The 'fire safety' training was last completed by nine members of staff in 2014. The training coordinator told us should be done yearly. There were also staff who had not had training on MCA and DoLS. The training coordinator told us they were working to address this and showed us dates of courses people were booked on.

We concluded that appropriate arrangements were not in place to ensure staff training was kept up to date. This was a breach of Regulation 18 (a) (Staffing) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us staff completed an induction programme which included the home's policies, procedures and training. We looked at five staff records and were able to see information relating to completion of induction.

During the inspection we spoke with members of staff and looked at staff records to assess how staff were supported to fulfil their roles and responsibilities. Staff confirmed they received supervision where they

could discuss any issues on a one to one basis. When we looked in staff records we saw evidence each member of staff had received individual supervision along with an annual appraisal.

We observed staff supported people to make choices throughout the day. People told us how staff explained things and got their permission before care or supported needs were carried out. One person told us, "The staff always explain what they have come for and what they want to do. Yes, I think they do ask permission because they say is it OK if we get you ready for your bath." Another person said, "Yes, they always check with me if it's all right for them to do what they need to do." A third person told us, "They explain everything, they seek your permission."

Staff we spoke with showed a good understanding of protecting people's rights to refuse care and support. They said they would always explain the risks from refusing care or support and try to discuss alternative options to give people more choice and control over their decisions.

We observed the lunch time meal. The cook was very aware of dietary requirements, and ensured that the staff understood exactly each person's needs. The cook gave the plated up meals to the care workers using names of the person to ensure they received the correct food. Most people were able to eat independently and did so, some chatting with other people at their table. Those people who needed support had a member of staff assisting them. Support was focussed and unhurried; with gentle encouragement given. The food looked appetising, well presented and portions were generous. People who used the service were complimentary about the food. Comments included; "The food is excellent. We get a choice of mains, and the puddings are really out of this world", "The food's good. Cooked well and presented nicely on your plate." "They do ask me what I like and they try to please." Menus were seen to show there was a choice of food. We saw tea/coffee and biscuits being taken around in the morning and tea/coffee and cakes mid-afternoon. There were jugs of water and glasses in the communal areas to ensure people's hydration needs were met.

Records showed arrangements were in place that made sure people's health needs were met and prompt responses were made when a change in health needs was identified. Staff told us people had regular health appointments and their healthcare needs were carefully monitored and prompt action was taken in response to any ill health. This helped ensure staff made timely and appropriate referrals when people's needs changed. The records we looked at showed the involvement of other healthcare professionals, where appropriate, and in a timely manner. For example, it was recorded that GPs, dieticians and the chiropodist had been contacted as soon as a change in needs had been identified. We saw where a person was nutritionally at risk, the dietician had been contacted for advice and the person's care plan was updated to reflect this. We saw a person at risk from falls had been referred for equipment to prevent further falls.

Is the service caring?

Our findings

People we spoke with told us they were very happy living at the home and staff were kind and caring. Comments we received included; "[Name of carers] are brilliant, they look after us very well." "This is a lovely home. I think everyone loves it here." People told us they felt the care staff treated them with dignity and respect and listened to them. Relatives we spoke with said they found the staff caring, kind and thoughtful. One relative said, "They're absolutely brilliant here with such attention to individual need." A second relative said, "My mother describes the home and staff like being in Buckingham Palace." A third relative told us their relative had been in other care home for respite and had become very distressed by the experience, but commented, "This home is spot on, the ethos is correct; ensuring that the care and activities are well balanced to meet my mother's every need."

We observed staff reassuring people if they became distressed, and distracting them from worrying thoughts. We saw staff responded to people promptly and discreetly when care interventions were required. Staff interactions with people who used the service were good. Staff clearly knew people's needs and how they wished to be cared for. For example, one staff member told us they had looked into what people liked, and what their life history had been.

The care we observed was in line with the information contained in the care plans. For example we noted a person should be given a soft diet which we saw was provided at lunch time.

We saw positive interaction throughout our visit and people who used the service were happy, relaxed and at ease with the staff. We observed staff treating people with respect and they knew them well. There was a lot of communication, conversation, banter and people being reassured where necessary. Staff were kind and relaxed with people who lived in the home.

Relatives told us they could visit at any time and felt comfortable to do so. One relative said, "I can come any time, day or night. I've not had any problems at all. I can always talk to [Name of staff] about any concerns. They have sat down and discussed [Name person's] care with me."

We observed all the people who used the service were appropriately dressed and groomed. Throughout our inspection we observed people being treated with dignity and respect. Staff we spoke with told us they were confident people received good care. They gave examples of how they ensured people's privacy and dignity was respected. One staff member said, "It's so important to treat people properly and with dignity." Another staff member said, "I love to care for people in the way I would expect to be cared for myself." Another staff said, "Privacy and dignity just comes naturally, we knock on doors and we try to ensure people maintain their independence."

Staff knew people well, they responded to people's requests and offered them choices. Staff knew what people were able to do for themselves and supported them to remain independent. One staff member told us they supported people to have choice and control over their lives. They gave examples of offering people choices of drinks, asking if they liked something done in a certain way and encouraging people to be mobile.

We saw staff addressed people by their preferred name and always asked for their consent when they offered support.

We looked at people's care plans and found they contained information about people's past, current lives, family, friends and interests and hobbies. We saw specific information about people's dietary needs, likes, dislikes and the social and leisure activities they enjoyed participating in. People and their relatives said they had been involved in developing and reviewing their care plans. One relative told us they were actively involved in discussions about their family member's care and felt fully involved and informed about their wellbeing.

Is the service responsive?

Our findings

People told us they felt they had choices in how they spent their day. We spoke with one person who said, "We get choices, I can choose when I want to go to bed and when I get up, nobody forces me to do anything." Another person said, "I can do what I like; I'm out most days I just let them know when I would return and that's fine." Another person said, "I read most times, attend mass or watch TV. The staff are very friendly they always ask me if there's anything I need."

There were activities provided for people on a daily basis. We saw notices for up and coming events. This included sing-alongs, bingo, games, exercises and movement and reminiscence sessions. We asked people about their pastimes and hobbies. Many people told us they joined in any games that were happening in various parts of the home throughout the day. During the day of the inspection we saw several people taking part in baking, making cakes.

Peoples care records showed they had their needs assessed before they moved into the service. This ensured the service was able to meet the needs of people they were planning to admit to the service. Care plans showed pre and post-admission assessments completed prior to individual care plan development.

Staff showed an in-depth knowledge and understanding of people's care, support needs and routines. Staff were able to describe the care needs provided for each person. For example, one person liked to go to their bedroom and have a rest after meals. Staff said they found the care plans useful and they gave them enough information and guidance on how to provide the support people wanted and needed.

Care plans were developed individually following appropriate risk assessments with involvement of both the person who used the service and their relatives in collaboration with external health professionals, when required. We saw care plans were reviewed monthly and changes made as appropriate. The care plans had comprehensive information about people's needs. Where needs had been identified, care plans were in place with specific information detailed about how best to support the person. For example, what provoked people's anxieties and its management was recorded in the care plan. This meant care could be provided in a sensitive way.

There were systems in place to deal with concerns and complaints, which included providing people with information about the complaints process. We looked at records of complaints and concerns received in the last 12 months. It was clear from the records people had their complaints listened to and acted upon. The registered manager said any learning from complaints would be discussed with the staff team once the investigation had concluded. Staff confirmed they were kept well informed on issues that affected the service.

We saw there was information displayed in the home about how people could make a complaint if they were unhappy with the service. When asked who they would speak to if they had a complaint, one person said, "Any member of staff, or [name of registered manager]."

Is the service well-led?

Our findings

At the time of our inspection the manager was registered with the CQC. The registered manager engaged with people living at the home and was clearly known to them.

The relatives we spoke with told us they had confidence in the registered manager and staff team and were pleased with the standard of care and support their family member received. One person said, "I have every confidence in the manager and staff, they do a brilliant job." Another person told us, "I have found the manager and staff to be approachable and willing to listen."

People spoken with told us they knew the registered manager. One person said, "We've met [Manager's name], they're very nice. The home is well managed and we're really, really pleased." Another person said, "The home seems to be well run." And another person said, "The home is spotless, the atmosphere is fine and you can't fault the staff."

The staff we spoke with told us the registered manager operated an open door policy and they were confident any issues they raised would be dealt with promptly. We asked staff if the registered manager was open to change and they told us they felt they could make positive suggestions and people could speak up if they had concerns or ideas.

We saw both staff and resident meetings were held on a regular basis so people were kept informed of any changes to work practices or anything which might affect the day to day management of the service.

The registered manager told us there was a system of a continuous audit in place. This included audits on support plans, medication, health and safety and the premises. We saw documentary evidence that these took place at regular intervals and any actions identified were addressed. When we looked at the health and safety checks, we saw these included regular fire checks; alarm system, fire fighting equipment and fire drills. However the registered manager did not pick up in the service audits that staff training was not up to date.

We were told by the registered manager that a senior manager from organisation visited the home regularly to check standards and the quality of care being provided. The registered manager and staff said they spoke with people who used the service, staff and the management team during these visits. We saw records of these visits taking place.

Records showed the registered manager had systems in place to monitor accidents and incidents to minimise the risk of re-occurrence. Staff we spoke with said they knew what to do in the event of an accident or an incident and the procedure for reporting and recording any such occurrences. We saw one person had a high number of recorded incidents of falling. We saw the falls team had been involved and a falls assessment had been carried out.

We looked at the results from the latest surveys undertaken throughout 2015 by the provider to people who used the service. These showed a very high degree of satisfaction with the service. The registered manager

said any suggestions made through the use of surveys was always followed up to try and ensure the service was continually improving and responding to what people wanted. People's comments included; 'very satisfied with service received, cannot fault it'.

Our examination of care records indicated the registered manager submitted timely notifications to the Care Quality Commission (CQC) indicating they understood their legal responsibility for submitting statutory notifications. People's care records and staff personal records were stored securely which meant people could be assured their personal information remained confidential.

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	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	Appropriate arrangements were not in place to ensure staff training was kept up to date. Regulation 18 (1), (2),(a) (Staffing)