Little Sisters of the Poor

St Joseph's - Manchester

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We undertook an inspection of St Joseph's - Manchester on 26 and 27 October 2016. The first day of inspection was unannounced which meant the provider did not know we were coming.

We last carried out an inspection at St Joseph's - Manchester on 15 August 2014. We found the service was fully complaint in all five standards we inspected at that time and was meeting legal requirements.

St Joseph's - Manchester provides nursing and personal care and accommodation for up to 53 older people and people living with dementia. There were 48 people living at St Joseph's – Manchester at the time of our inspection. St Joseph's - Manchester is one of eight homes in England run by the Little Sisters of the Poor congregation. Jeanne Jugan is the founder and first Little Sister of the Poor. The homes' vision is to continue the inspiration of Jeanne Jugan in today's world, to improve care for the elderly and to promote the elderly's role in society. The Little Sisters of the Poor congregation adhere at all times to the philosophy and ethics of the Catholic Church.

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

Staff were confident in describing the different kinds of abuse and the signs and symptoms that would suggest a person they supported might be at risk of abuse. They knew what action to take to safeguard people from harm.A system was in place to identify and assess the risks associated with providing care and support. People's support plans and risk assessments contained personalised information about an individual's needs and provided guidance for staff as to the support people needed.

The service had an excellent relationship with a local GP practice and one of these GP's spent one morning a week in the home undertaking appointments or reviews of people's medicines. This proactive approach meant that people's medicines were reviewed in a timely manner and people were treated quickly when necessary or when the service identified the start of any potential illnesses.

People who used the service received safe care and support from a trained and skilled team of staff. The induction of new staff and ongoing training of others was robust and staff told us they received regular support from the registered manager and line managers.
People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People living at the home, their relatives and other healthcare professionals involved with the service said that the support staff were caring. On the day of our visits we saw people looked well cared for. There was a relaxed atmosphere in the home. The people we spoke with who were using the service, and visiting

relatives, told us they were happy with the care provided.
People's care plans contained information about their likes, dislikes and personal preferences and were person-centred. They contained details about how people liked to be supported in aspects of their care. We received one negative comment about the home not acting upon information provided by a person using the service with regards to a food intolerance.

During our visit we saw examples of staff treating people with respect and dignity. Staff promoted people's independence by giving them choices and allowing autonomy when it was safe to do so. People using the service and their relatives were consulted and involved in assessments, care planning and the development of the service.

There were enough staff on duty to meet people's support needs and to provide activities for them. People's access to activities was very good; we saw that people were supported to get out and about on organised trips. People were encouraged to maintain relationships that were important to them and the service actively involved and welcomed family members to events held at the home.
We saw and people told us that their faith was very important to them and the home supported people to maintain their faith. This was helped by an on site chapel which was accessible to all.

Staff told us that they felt supported by the registered manager and their line managers. Formal supervisions and annual appraisals took place and staff we spoke with felt valued and listened to. Regular team meetings were also held and staff were able to raise any issues or concerns at these meetings. Staff were proud to work at the home.

The service had effective systems of quality assurance in place, which measured the outcomes of service provision. Systems were in place which continuously assessed and monitored the quality of the service, including obtaining feedback from people who used the service and their relatives.

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 we spoke with knew how to keep people safe from abuse and could outline what action they would take if they suspected abuse.

The provider had systems in place to manage risks, safeguarding concerns and medicines which ensured people's safety.

There were sufficient numbers of staff available at all times to meet the needs of people who used the service.

Is the service effective?

Good

The service was effective.

The service was meeting the legal requirements relating to the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). People were involved in decisions about their care and support.

Staff were trained appropriately to care for and support people who used the service.

People were supported to maintain good health and had access to a range of healthcare services including weekly GP sessions held in the home.

Is the service caring?

Good

The service was caring.

People and their relatives told us that staff were very caring. People's rights to privacy, dignity and respect were upheld.

Staff listened to the views of people using the service. They knew people well as individuals and could describe their likes, dislikes and preferences.

People were supported to maintain important relationships. There were no restrictions in place with regards to visitors and

people told us they were made to feel welcome.

Is the service responsive?

Good

The service was responsive.

People had a full assessment of their needs prior to being admitted to the home.

People had access to and were supported to take part in a wide range of activities based upon their personal preferences. People had their religious and spiritual needs met by the home.

People and their relatives were aware of how to complain although those we spoke with had never needed to. The service responded to concerns and complaints as per their company policy.

Is the service well-led?

Good

The service was well led.

People, relatives and staff spoke highly of the registered manager. Management and staff had a good understanding of their responsibilities and worked well together as a team.

Staff felt involved, fully supported and listened to. They received good support from management.

The systems and mechanisms in place to audit and monitor the service were robust. The registered manager had an overarching view of the quality of the service provided, having assistance from other members of the management team.

St Joseph's - Manchester

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 26 and 27 October 2016, with the first day being unannounced. This meant the people who lived at St Joseph's – Manchester and the staff who worked there did not know we were coming. The inspection team consisted of one inspector 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.

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 the information in the PIR, along with other information that we held about the service, including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We contacted the local Healthwatch organisation and the local authority commissioning team to obtain their views about the provider. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. No concerns were raised about the service provided at St Joseph's - Manchester. We liaised with other professionals involved with the service at the time of our inspection and received complimentary feedback about management and staff.

We spoke with ten people who used the service, six visiting relatives, three visiting healthcare professionals, a volunteer and ten members of staff, including the registered manger, the quality administrator and the cook. We observed the way people were supported in communal areas and looked at records relating to the service.

Some people who used the service were unable to tell us about their care therefore we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us

understand the experiences of people who cannot tell us about their care. We observed care and support at lunch time in the dining room and also looked at the kitchen, the laundry, a number of people's bedrooms and saw the outside spaces available for people using the service.

We reviewed five people's care records in detail. We looked at five staff recruitment files and records in relation to staff training, supervisions and appraisals. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually.

We looked at the systems and processes in place for monitoring and assessing the quality of the service provided by St Joseph's - Manchester and reviewed a range of records relating to the management of the service; for example medication administration records (MAR), maintenance records, audits on health and safety, accidents and incidents, policies and procedures, complaints and compliments.

Good

Is the service safe?

Our findings

When we spoke with people living at St Joseph's – Manchester they told us they felt safe and well cared for. No one we spoke with raised any concerns about how staff treated them. When asked if they felt safe people told us, "I feel well looked afte,r" "I feel safe" and "Oh yes, I always feel very safe."

On the days of our inspection we judged there were enough staff on duty to meet people's needs. People we spoke with told us there were enough staff available when they needed help and support and added that staff responded to their needs in a timely manner. One person told us, "They are very good in answering call bells. They come very quickly [and] don't find it a nuisance." The home had access to staff via its own bank staff register. People were recruited to this in the same way as they were recruited to permanent employment but hours of work were not guaranteed. We saw that recently a member of bank staff had been successful in gaining permanent employment. The home used agency staff only as a last resort, however there had been some occasions when the use of agency staff had been necessary, particularly to cover night duty.

Staff we spoke with did express some concerns about staffing levels and told us, "It is stressful sometimes due to the shortage of staff. I feel tied up with care cover and it does not leave me time to work on care plans and liaise with GP's and professionals." Rotas we saw however, confirmed that sufficient staff were deployed to meet the assessed needs of the people using the service. This meant that people could expect consistency from a group of staff who understood their care and support needs.

The home had effective systems for ensuring concerns about people's safety were managed appropriately. Records showed potential safeguarding? concerns had been reported promptly to other agencies such as the local authority and The Care Quality Commission (CQC) when these occurred. Staff told us they had received safeguarding training and this was confirmed by information we saw in training records. The staff we spoke with were able to describe the types of abuse that may occur and described the action they would take to keep people safe from harm. They told us they would have no qualms in reporting their concerns to management.

We looked at the care records for five people who used the service. Care records contained individualised risk assessments and risk management plans and we saw that risks had been discussed with either the person or their relative.

Care plans contained detailed guidance for staff to follow to minimise risks for people. We saw risks in relation to the use of bed rails, the use of hoists and eating and drinking. Detailed risk assessments meant that there was a robust risk assessment and management strategy being followed to keep people safe from accidental harm. A system was in place to record accidents and incidents, such as falls. The registered manager told us that the outcomes of accidents and incidents were analysed to see what lessons could be learnt and reduce future risk by taking preventative action.

Each person had a personal emergency evacuation plan (PEEP) which identified the assistance and

equipment they would need for safe evacuation and we were satisfied that staff knew what action to take in the event of an emergency, for example a fire.

During our visit we looked at the systems that were in place for the receipt, storage and administration of medicines. The service had an excellent relationship with a local GP practice and one of these GP's spent one morning a week in the home undertaking appointments or reviews of people's medicines. There was a link via a computer terminal in a room of the home designated as the practice room so when on site the GP could access people's health history and review any prescribed medicines. Prescriptions could be printed off in real-time, ordered and collected within a short timeframe. This proactive approach meant that people's medicines were reviewed in a timely manner and people were treated quickly when necessary or when the service identified the start of any potential illnesses.

We queried one person's medicine regime as it was not clear from documents held on file what this was. A medicine that a person had been taking for some time was not included in the blister pack and staff added this to the MAR chart when administering from a packet. As the GP was on site on the second day of our inspection we spoke with them and saw that the specific medicine for this individual had been under review and changes to the timings and strength of the medicine had been made regularly. The GP explained once this regime was established the medicine would be included in the blister pack and included on the pre-printed MAR chart. We were satisfied that staff were administering the medicine correctly and that the individual was kept safe from harm.

Each person had a blister pack of medicines and a photograph at the front of their medicine administration record (MAR). We observed staff dispensing medicines during the course of the inspection. We saw that people were given their medicines in an efficient yet caring way. Those who required more encouragement and support received it. We saw that staff responsible for administering medicines locked the trolley each time they moved away to dispense medicines. This meant that medicines were administered safely and people using the service were not placed at risk. The service demonstrated people were receiving their medicines in line with their doctor's instructions and from knowledgeable, caring staff.

We looked at five recruitment files and found the provider followed a robust recruitment and selection process to ensure staff recruited had the right skills and experience to meet the needs of people who lived in the home. Personnel files were in good order. The correct paperwork was on file in relation to the recruitment process and recruitment records for staff included proof of identity, two references and an application form. Disclosure and Barring Service (DBS) checks were in place for those employed by the service. DBS checks help employers make safer recruitment decisions to minimise the risk of unsuitable people from working with people who use care and support services. This meant that people who used the service could be confident that staff appointed were suitable to work with vulnerable people.

People receiving support and their visitors spoke very highly about the cleanliness of the home. When asked about this one person told us, "It's absolutely spotless." During both of our visits we noted that the environment was clean and fresh smelling with no apparent odours.
There were two maintenance staff employed by the service and we saw that all required functions of servicing and maintenance had been undertaken either by staff employed by the service or by external contractors. For example the home's fire system had been checked weekly to ensure it was operating effectively. We saw that contracts were in place for the servicing and maintenance of the lift until 2020 but servicing reports could not be located. These were later sent to us as requested. We were assured that these and other checks were being carried out at regular intervals to maintain the safety of people living in the home.

The home's layout was spread over two main floors with wings to each floor. There was a third floor which provided accommodation for the nuns living and working in the home. We saw that building work was being undertaken to one wing on the ground floor and this was sealed off to everyone. The intention to carry out these improvement works had been communicated to the Care Quality Commission on the correct notification prior to the work commencing. We saw that the provider had gone to great lengths to minimise the disruption caused to people using the service and people living in those bedrooms affected had been moved to second floor accommodation, formerly used by the Sisters in the Order. This had been in consultation and agreement of the people affected and their relatives. During our two days of inspection we noted very little noise and disruption caused by the improvements works.

Good

Is the service effective?

Our findings

People at St Joseph's - Manchester received effective care and support which took account of their wishes and preferences. People receiving support and their relatives were very complimentary about the staff. People we spoke with told us, "It is very good here" and "The care is good. I can't grumble."

We spoke with visiting relatives. One person told us, "Care is first class. Room is spotless. They [staff] always come back to you; true to their words." Relatives we spoke with also felt informed about care provided to their family member and told us, "Staff are helpful with updates about [my relative]. I go to the key worker or staff member if I have any concerns." They told us risks were managed well and family members were involved in care planning. This showed us that the service was effective, flexible and adapted to people's needs.

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 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. We found that the correct assessments in relation to decisions to restrict someone's liberty had been followed. We saw that the service was submitting applications for DoLS authorisations to the supervising authority. There were some delays with these but we could see that the service was making every attempt to in chasing and recording this. Once authorisation was received the relevant statutory notification had been made to the Care Quality Commission, as is the law.

Staff had received training in the MCA and followed the basic principle that people had capacity unless they had been assessed as not having it. The registered manager had a good understanding of the Mental Capacity Act and was aware of their responsibilities.

We saw some good examples of how the service was following the principles of the MCA. Documentation in people's care plans showed that when decisions had been made about a person's care where they lacked capacity, these had been made in the person's best interests. The home had documents in place to record the decision or action that needed to be taken and then to record the outcome of the best interest decision. We did identify that this paperwork was not always completed, for example in the covert administration of medicines for an individual. We made the registered manager aware of this who assured us this would be rectified. We will check on this at our next inspection.
We looked at how staff were supported to develop their knowledge and skills, particularly in relation to the specific needs of people living at St Joseph's – Manchester. We saw from records, and staff confirmed, that

they had completed an induction programme at the start of their employment. This meant that staff understood their roles and responsibilities within the home and as part of the team.

Staff new to the service were allocated the Care Certificate to complete as part of their induction. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. It is based on 15 standards, all of which individuals need to complete in full before they can be awarded their certificate. New recruits completed a self-assessment tool that identified previous experience, training and qualifications. This then highlighted what elements of the Care Certificate needed to be completed. For example, someone without a relevant qualification in health and social care was expected to complete the Care Certificate in full. The Care Certificate was reworked and tailored to this particular service so that new employees understood the ethos and values of St Joseph's – Manchester.

We examined the training records and spoke with two staff. Training records showed that staff were offered on-going training opportunities and all the training in areas such as moving and handling, safeguarding, fire safety, dementia care, end of life, infection control, Mental Capacity Act 2005 and deprivation of liberty safeguards training were up-to-date. Training was always undertaken on a face-to-face basis with induction training reinforced by more in-depth training delivered by the company's internal trainer. Staff we spoke with felt well supported in their roles. This meant that people who used the service could be confident they were supported by competent staff with relevant skills and knowledge.

Staff we spoke with told us they were given appropriate supervision and support which helped to ensure they were able to provide effective care. They felt fully supported by management in this process. Records we saw indicated that the majority of staff were receiving regular supervision in line with the organisation's supervision policy. There were some slippages with night staff whose supervisions were not as regular. The Quality Administrator explained that the responsibility for these had been passed to seniors on nights and would be addressed as a matter of urgency. We will check on this at our next inspection.

People we spoke with expressed satisfaction with the food and drink provided in the home and all the comments we received were positive. The presentation of the dining room at mealtimes was very pleasant with tablecloths, linen napkins, glasses and a small vase of flowers on the table. We did not see any menus on display in the dining area that we accessed at lunch time, however we were told that these were usually in situ. We did see a copy of weekly set menus in the kitchen and one on display outside the main dining room. The cook told us that they were currently working on formulating a new set of menus. This would be undertaken in consultation with people using the service so that their preferences and choices could be respected.

We spoke with the cook who told us about people's preferences and any special diets which were needed. They told us they attended 'residents meetings' held on a monthly basis, at which menus were discussed and agreed. The service had recognised that the main meal, previously served at midday, was too soon after breakfast and food was being left as people were still full. This was discussed with people using the service who agreed that the main meal at the later time of half past twelve. At the time of our inspection we observed that this change had happened as the lunch time meal was served at half past twelve.

We saw information was available for the cook in relation to the consistency of food for people requiring special diets should they need it. Information relating to the consistency of people's diets, for example soft and pureed diets, was contained in care plans and shared with kitchen staff. We saw that kitchen staff were also informed of those people who were diabetic so that they were given appropriate food. This meant that

people were given the right meals, served at the right consistency so that any risks posed to people in relation to food and drink were minimised.

People's care records we viewed showed that people's nutritional needs were assessed and monitored to ensure their wellbeing. We observed people being supported to eat appropriately. People who required support to eat were offered privacy and were able to choose where they wanted to have their meal. We spent time in the dining room at lunch time on one day of our inspection and found the mealtime experience was calm, relaxed and friendly.

People were able to take in small pieces of their own furniture, ornaments and pictures to personalise their bedrooms following their admission to the home. This meant that people had access to familiar things, felt more settled and established routines were maintained after moving into the home. The home's size and layout meant that space was maximised and put to good use with many facilities made available for people. There was a small, quiet library area where people could relax and read. Space was made available near a small café for people to mix and chat with their relatives. We did not see this or the shop open during the two days of our inspection as the activity coordinator was on holiday at this time.

People's care records showed that their day to day health needs were being met. People had regular access to a GP as weekly sessions were held in the home with a doctor present. People we spoke with confirmed this and told us, "One of the four doctors from the health centre comes here every week."

One health professional we spoke with during the inspection confirmed the weekly GP consultations held at the home and added, "Staff provide good care in pressure area care. I feel staff make relevant referrals when needed." Another visiting professional told us, "Staff are very polite; very professional." We saw examples of referrals into health services such as podiatry, district nurses team and speech and language team (SALT).

We received complimentary feedback from a professional we contacted as part of the inspection process. They reported the following positive comments, "I found care staff, senior care staff and management receptive and engaging." They went on to add that in their opinion all elements of the service provided at St Joseph's – Manchester were person-centred and responsive to people's needs. This meant that the service was pro-active in involving other professionals to support people living at St Joseph's – Manchester in maintaining good health.

Good

Is the service caring?

Our findings

People living at the home and their relatives were very complimentary about the service and the calibre of staff supporting people living at St Joseph's – Manchester. One person told us, "Staff are very kind; very nice. Very attentive." A relative we spoke with commented on the appearance of their family member and praised the home in saying, "Nothing is too much trouble. [My relative] is always nice and clean." Another relative told us, "Personal attention is very good. I have found staff respond to any issue or concern." A third relative spoke positively about the care and told us, "I think that the nuns and the carers have put their heart into it. The nuns have created an ambience of care." When we asked a relative if they considered care to be rushed they told us, "Not at all. They care for people very well. I can honestly say they seem to take plenty of time." They considered that the service was supportive of family as well.

We looked at the care files of five people who used the service. They contained personal profiles and indication of personal preferences. There was information on care plans in relation to personal history, such as significant life events and religious / spiritual needs but this was basic. We did not see photographs on every care plan we looked at. Photographs are important as they provide a reference for staff and this also contributes towards people receiving the right care. We brought this to the attention of the registered manager who assured us this would be addressed.

The service had a stable staff team, the majority of whom had worked at the service for a long time and knew the needs of the people well. The continuity of staff had led to people developing meaningful relationships with staff but we observed that staff still maintained professional boundaries in their dealings with people living in the home.

There was a lovely, relaxed atmosphere in all areas of the home and during meal times. Housekeepers were employed to serve breakfasts so this meant that care workers were able to carry out their caring duties and were able to meet people's support needs in a more timely way.

We spent time observing people in the lounge and dining areas of the home. We saw that people were respected by staff and treated with kindness. We observed staff treating people affectionately and heard staff speaking in a friendly manner. One staff member asked a person if they wanted assistance in cutting up their food. This was done in a polite, non-intrusive way as the care worker asked, "Can you manage? Would you like help with that?" The person told us, "This girl knows everything I like."

We saw that people's privacy and dignity were respected at all times. There were 35 staff members in the home who had signed up as Dignity Champions. The home had been assessed by the local council as part of the Dignity Awards accreditation scheme. The Dignity Awards are part of the local council's work to promote best practice in the care of adults and are given after rigorous assessments and lay evaluation. The home was assessed and achieved a Gold standard, the highest award in the scheme and was a measure of the dignified care and support on offer at the home.

We spoke with a member of staff on the first day of the inspection. They were aware of their role and

responsibilities and were able to describe the needs of each individual who used the service. They demonstrated knowledge of dignity and privacy issues and gave examples of how they respected people's rights and wishes. They told us that notices were used on bedroom doors when personal care was being delivered. We saw "Do not Enter – Personal Care Being Delivered" notices displayed on doors during our inspection. This alerted other staff or visitors not to enter the room and meant that the privacy and dignity of the person receiving the care was maintained.

We saw one person in a wheelchair using the handrails in the home and their feet on the floor to propel themselves to their room. We were told that this person liked to remain independent and wanted to do this. The care plan reflected this and risk assessments were in place. This showed us that the service respected people's wishes and promoted their independence when it was safe to do so.

We were not able to fully communicate verbally with some people who had complex needs and were therefore unable to ask about their experiences of the service. Staff asked people whether they required assistance and offered help in a sensitive way. We spent time observing the interactions between the staff and the people they cared for. Staff explained to people what they intended doing and obtained permission from individuals before carrying out any tasks.

Visitors we spoke with told us they visited at all times of the day and were always welcomed by staff. They told us that staff were always friendly, kind and compassionate.

Good

Is the service responsive?

Our findings

Care plans we looked at showed that a detailed assessment of needs had been undertaken by either the registered manager or another senior member of staff before people were admitted to the service. We reviewed whether the care plans were written in a person-centred way; person-centred care indicates care is specific to the individual concerned. Care plans were written in a person-centred way and staff used these plans to support and involve people to make decisions about their care and their lives overall.

We looked at five care plans during our inspection. We found that the care planning process was person centred and focused on the person as an individual, detailing choices and preferences. Everyone who lived at the service had a care plan in place which was personal to them. We saw that where preferences had been expressed some time ago these had been updated in conjunction with the person or through speaking with relatives. One record detailed the person had expressed a preference to go to bed at 11pm on admission to the home. We saw that this had been updated to 8pm in line with the person's changed preferences.

Entries in care plans confirmed that care and support was being reviewed on a regular basis, with the individual and their relatives where appropriate. A staff member we spoke with told us, "Residents are involved in the care plan; in everything they do, like going out somewhere. They decide. They definitely have a say." One person we spoke with knew about their care plan and told us, "My sons have a say in my care plan. That's my choice", whilst a relative said, "I have not actually seen the care plan but I have seen it in action. My [relative's] personal needs are met very well." We saw that one person's care plan documented the preference for a male carer to provide personal care. We noted that on the second day of our inspection a male carer was seen wheeling the person into the bathroom to support them to have a bath. This showed us that the service respected and upheld people's choices and preferences when providing care and support.

One person we spoke with gave a negative comment with regards to providing staff with information about a food intolerance and said, "I have written this down and passed it on but this did not seem to make any difference. I am still offered [this food]." The service should ensure that people's preferences, likes and dislikes are recorded in a timely manner on relevant documents and that this is shared with all appropriate staff to avoid this happening in the future.

We spoke to staff who were able to confirm people's preferences. Staff knew the people they were supporting very well. We heard throughout the inspection examples of people being given, and making, choices about their daily lives and the support they received. We heard one person being offered the choice of a bath or a shower by a care worker. Another person told us, "I have a comfortable room. I can get up and go to bed as I please." This showed us that people could exercise choice in their daily routines.

The home employed an activities co-ordinator who was on holiday at the time of our inspection so therefore we did not see any activities taking place at this time. However, it was evident from what we saw and the people we spoke with that people were entertained and kept busy. There was a small TV screen in one

corridor on the ground floor that constantly displayed electronic pictures of outings and events that people had attended both in the home and out in the community.

People living at the home and their relatives made positive comments about the organised activities that took place. One person told us, "There are a lot of activities going on. I have been to Blackpool. We are having a choir to sing for us this afternoon." They went on to describe the activity co-ordinator as 'dynamic'. Another told us of the conversation box where people could drop ideas for discussion into. This generated a lot of chat we were told. A recent trip had involved people watching the comedian Jimmy Cricket.

Relatives told us that the events the home held were great. One told us, "There are many opportunities for activities here although [person's name] does not go to many." There was a small shop on site selling toiletries and other items people might want to buy, for example birthday cards and small gifts. There was a large hall on site that was also used as a function room. We saw and people told us that the service actively involved and welcomed family members to events held at the home.
We saw and people told us that their faith was very important to them and the home supported and promoted people to maintain their faith. There was a chapel on site which was fully accessible via a lift. A service was held daily with a further two services held on Sunday which were open to the public. People expressed the importance of worship in their lives and told us, "What I like most about the home is that it has a resident Priest who conducts mass every day. It's very important to me."

For those people who were confined to bed or chose to stay in their rooms there was the option to watch the service on televisions in their rooms or in lounge areas. One person told us, "When the district nurse comes for me around 10am it is the time close to daily mass. I watch the mass on the TV screen." We were told, although we did not see this, that people could request to take holy communion in their bedrooms. In providing people with the facility to attend daily mass or watch this on TV screens the home was ensuring that everyone's religious needs were met if this aspect was important to them.

People living at the home and their relatives we spoke with were aware of the home's complaints policy but told us they had never needed to complain. They told us if they ever felt it necessary to make a complaint they were confident that this would be addressed to their satisfaction.

We saw that the complaints policy was displayed in the foyer and on all units. The people we spoke with were aware of their rights in relation to complaints. The home had received no formal complaints but two relatives had raised concerns, which the service had treated as complaints. We could see the actions that the home had taken to address these concerns, including one issue being part of the agenda at a staff meeting held on 16th September 2016. Staff were reminded of the correct procedures when providing personal care and dealing with soiled laundry. We were satisfied that the service handled complaints and concerns according to their own company policy

Good

Is the service well-led?

Our findings

We received positive feedback about the leadership within the home from staff, people who used the service and their relatives. It was clear that people living at the home had great respect and confidence in the manager and they were a regular presence in the home.

Staff told us about the 'good team spirit' present in the home. They considered it a nice place to work. Visiting relatives told us, "The people come first here," "Standards are very high" and "I'm very impressed. It's very serene."

There was a clear management structure in place and the registered manager had a visible presence in the home. The manager was registered with the Care Quality Commission and received support and assistance in running the home via the excellent back-up functions, for example the administrative staff based in the home covering quality and recruitment elements of the service.

Through speaking with the staff team, people who used the service, the administration staff and the registered manager it was clear there was a strong cohesive team. Each person understood their role and how they could support the delivery of care.

Staff meetings were held both as the larger group and as part of smaller units. We saw evidence in team meetings of care practice being discussed and reinforced, especially with regards to improving the delivery of care. Staff competencies and observations of practice were undertaken during induction, in conjunction with the Care Certificate and as part of on-going employment. This meant that people who used the service could be confident the service they received was a good one.

We saw that the service had implemented changes to the timings of shifts from 1st January 2016, resulting in a small reduction of contracted hours for care staff. This change had been made in full consultation from staff and we saw this process had started in October 2015. Contracts of employment and paperwork on staff files reflected the changes. This showed that staff had been fully involved and consulted in this business decision and we received no negative feedback during the inspection in relation to this.

All staff we spoke with felt valued and supported by the registered manager and their line managers. One member of staff we spoke with told us they felt very much part of the team even though they were not in a care worker role. It was apparent that staff enjoyed their work and another staff member confirmed this and said, "I've worked here for [number of] years. I enjoy working here. Management is supportive with training. I feel listened to."

Staff told us they were able to make suggestions to improve service delivery. They had suggested larger photographs of people and bigger writing on medicine blister pots as this was difficult to see and read. This was being explored. This showed us that staff were willing to contribute ideas to benefit the service and that these ideas were taken seriously. It was apparent that staff had confidence in the registered manager and acknowledged their ability to manage the service but also appreciated the support provided by other Sisters

in leadership roles.

In conversation with the registered manager it was evident that they fully understood their responsibilities. They described their plans for the continual development of the service to ensure that the changing needs of people would continue to be met through quality care and support.

There were systems in place to monitor accidents, incidents or safeguarding concerns within the home. Audits were in place, for example in relation to health and safety and medicines administration and any identified errors or actions had been addressed. One quality audit had identified an issue with the medicines fridge as it was outside the acceptable temperature range. This had been rectified within a short timeframe. This meant there were well-managed systems in place to monitor the quality of the care provided and quality audits were completed in line with company policy.

The company used various ways to obtain feedback from people using the service and their relatives so that the service could continuously improve. 'Resident and relative meetings' were held and minutes reflected the input from people using the service. We saw that quarterly satisfaction surveys were issued to people using the service, their relatives and visiting professionals. Feedback received from this in relation to care and support, activities, meals and the service overall had been positive.