Care Quality Commission

Father Hudsons Society

St Joseph's

Inspection report

Coventry Road
Coleshill
Warwickshire
B46 3EA

Tel: 01675434026
Website: www.fatherhudsons.org.uk

Date of inspection visit:
15 July 2019
16 July 2019

Date of publication:
08 August 2019

Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
St Joseph's is a residential care home, providing personal care and accommodation for up to 59 people. It provides care to older frail people, some of whom are living with dementia. Care is provided on four 'wings', known as Jade, Ruby, Topaz and Pearl, across two floors. Short stay 'respite' care is also available. Each 'wing' has a communal lounge, dining area and kitchenette. There are also spacious communal conservatories. The home has secure gardens people can access. At the time of our inspection visit 56 people lived at the home.

St Joseph's is part of Father Hudson's Care, which is the social care agency of the Catholic Archdiocese for Birmingham, a registered charity. The home has it's own Chapel and offers daily Mass for those wishing to attend.

People's experience of using this service and what we found
Staff knew people well and how to protect them from risks of harm or injury, such as falls. Risk management plans gave staff the information they needed to keep people safe. People had their prescribed medicine available to them. However, staff had not always followed manufacturer's guidance when people had their medicines through a skin patch.

Staff did not always complete important records related to people's food and fluid intake, and information recorded was not always accurate. The home was clean and tidy, and staff had been trained on how to prevent risks of cross infection.

There were sufficient staff on shift. Some staff felt night time staffing was low and the registered manager was assessing this to determine if a further night staff was required. Staff received an induction, training and support from within the staff team, and managers. Staff were trained in how to protect people from the risks of abuse. Further training was planned for staff where the registered manager had identified knowledge needed to be increased and refreshed.

People had their needs assessed before they moved into the home. People had plans of care relevant to their needs. Staff could also access a 'snapshot' overview of people's needs which gave clear information. People had opportunities to engage in group activities. People could pursue their own interests and hobbies if they wished to. People's pastoral care needs were met.

People had access to healthcare when required. On the day of our inspection we saw people were offered enough food and drink to meet their dietary requirements. Choices were available and additional snacks were offered.

Positive caring interactions took place between people and staff, and people felt well cared for. People made day to day decisions about their care and were supported by staff who worked within the principles of

the Mental Capacity Act 2005. Mental capacity assessments had been completed for people.

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

Systems were in place for people to give their feedback on the service. People and relatives were happy with the services. People did not have any complaints.

The provider had recognised a staffing restructure had been needed to improve staff deployment in the home. This had been completed and needed to be embedded and improvements sustained.

Since our last inspection, improvements had been made to meet the requirements of the regulations. The provider's quality assurance system identified where further improvements were needed, and a service improvement plan was shared with us detailing the provider's timescale for implementing these.

The last rating for this service was Requires Improvement (published 12 September 2018) and there were breaches of the regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

The service remains rated Requires Improvement. The service has been rated Requires Improvement for the last two consecutive inspections.

Why we inspected
This was a planned inspection based on the rating of the last inspection.

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not consistently safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was Good. Details are in our effective findings below.	**Good**
Is the service caring? The service was Good. Details are in our caring findings below.	**Good**
Is the service responsive? The service was Good. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not consistently well led. Details are in our well led findings below.	**Requires Improvement**

Care Quality Commission

St Joseph's

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated within the Act. We looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

Inspection Team
Two inspectors carried out this inspection on the first day of our visit on 15 July 2019. On the second day of the inspection, one inspector returned with an assistant 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.

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

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

Notice of inspection
The inspection was unannounced. We told the head of care we would return on 16 July 2019 to complete our inspection.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We also sought feedback from the local authority and professionals who work with the service. We had received some concerns about people's skin care at the service.

We used the information the provider sent us in the provider information return. This is information

providers are required to send to us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection
We spoke with 13 people and three relatives. We spent time with people, who due to living with dementia could not give us their feedback, to see how staff supported them. We spoke with ten members of care staff, the chef, the deputy manager, registered manager and the head of care. We also spoke with two visiting healthcare professionals.

We reviewed a range of records. This included a full review of five people's care plans, multiple medication records, daily checks, and people's food and drink records. We also looked at records relating to the management of the home. These included systems for managing complaints, checks undertaken on the health and safety of the home, the provider's audits and staff training records.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement and some regulations were not met. At this inspection we found sufficient improvements had been made to meet the requirements of the regulations. However, improvements needed to be embedded and some further improvements were needed. Therefore, the rating continued to be Requires Improvement. This meant some aspects of the service were not always safe and there were limited assurances about safety. There was an increased risk that people could be harmed.

Using medicines safely
● People had their prescribed medicines available to them. Where people had 'when required' medicines, protocols were available to staff to guide them when to give them, which ensured a consistent approach was taken. Some people had prescribed topical preparations such as creams. Body maps informed staff where on the skin creams should be applied.
● Staff were trained to support people to take their medicines. Staff explained what medicines were for and most staff followed the provider's safe handling of medicines policy. However, one staff member signed a person's medication administration record before medicines had been given. The staff member told us they were aware they had not followed the provider's policy. They also handled the person's tablets, which posed risks of cross infection. The head of care assured us the incident would be addressed and following our inspection told us about action taken.
● Staff did not always follow the manufacturer's guidance related to the administration of medicines. Some people received medicine through a skin patch and records showed when a patch had been removed, the skin site had not been given the recommended 'rest time'. The deputy manager told us, "I had not read the information leaflet." Immediate action was taken to ensure the manufacturer's guidance was followed.

Assessing risk, safety monitoring and management. Learning lessons when things go wrong
● Risks were assessed, and management plans told staff what actions they should take to reduce risks of harm and injury to people.
● Staff knew people well and followed risk management plans. Staff knew who had been identified as at risk of falls and how to reduce risks of falls. For example, laser lights were used in people's bedrooms and alerted staff, so they could respond when people moved about their bedroom. The use of laser lights had reduced the incidences of falls.
● Staff involved people in discussions about risk management. For example, one person's mobility had deteriorated, and they now required a hoist to transfer them safely. A staff member told us, "[Name] was frustrated by this, we reassured them and explained it was in their best interest and the hoist was the safest option, which they then accepted."
● Staff did not consistently complete or record accurate information, on important charts related to people's food and fluid intake. This posed potential risks to people because staff did not have important information to refer to when needed. For example, where charts had not been completed, staff did not know how much a person had drunk. Staff told us it was common practice for them to complete charts late

morning or at the end of their shift. This meant there were risks of staff forgetting to either complete them or not recalling accurate information. We found examples of gaps in records where information had been missed. We also found one person's chart recorded they had been offered 'rice pudding' but they had not.
● Risks of malnutrition were assessed and managed because people were offered sufficient food. People's weights were monitored, and actions were taken when people lost weight. People were supported to maintain a stable weight and were offered additional snacks. The registered manager told us they were developing a spread sheet to give them a monthly overall analysis of people's weights so they could ensure emerging risks were addressed.
● Some people were identified as having or developing sore skin. People had special equipment, such as airflow mattresses on their beds, to reduce risks of developing or deteriorating sore skin. During our inspection visit, one person was admitted to the home with damaged skin and staff acted to request a district nurse visit, arranged special equipment to be delivered and implemented a skin care plan.
● There was a maintained fire alarm system. Improvements had been made and the registered manager told us lessons had been learned from our last inspection, and people now had personal emergency evacuation plans (PEEPS). Staff understood their responsibilities to people in the event of an emergency.

Staffing and recruitment
● There were sufficient staff on shift during the daytime. During April 2019, improvement had been made to the deployment of staff which meant senior care staff were based on 'wings' to give support to people and guidance to other care staff. Most staff felt this had positive impact on the care provided.
● Some staff felt levels at night were not enough. One staff member told us, "Concerns have been raised, we've said seven staff are not enough at night." People with higher dependency needs and / or living with dementia were not able to give us feedback about night time staffing levels. The registered manager told us they had not received any concerns raised directly with them. However, they added night staffing levels were an area they were currently re-assessing because of people's changed needs and whether there should be eight staff to ensure people's safety.
● The provider's system for recruiting staff ensured staff's suitability to work there. Two new staff members both told us employment checks had been carried out before they started working at the home.

Preventing and controlling infection
● Staff were trained in infection prevention and control. Staff told us they used Personal Protective Equipment such as plastic aprons and gloves when supporting people with personal care.

Systems and processes to safeguard people from the risk of abuse
● Staff were trained and knew about different types of abuse. They knew how to protect people from abuse and when concerns should be raised with the registered manager and the provider. One staff member told us, "I'd report any concerns straight away. The manager would investigate, if I was worried I'd contact you at CQC."
● The registered manager and provider understood their responsibilities in reporting specific incidents to us (CQC) and the local authority.

Good

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection the rating continued to be Good. This meant people outcomes were consistently good and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Staff followed the principles of the MCA. Staff sought consent, for example, when asking a person if they would like to be supported with personal care.
● Mental capacity assessments were completed, and the registered manager understood their responsibilities under the Act. A 'best interests' meeting was planned for one person regarding their oral care.

Supporting people to eat and drink enough to maintain a balanced diet
● People's nutritional and hydration needs were met. People were offered choices of food and drink, a mid-morning and afternoon drink and snacks were offered.
● On some 'wings', people had drinks accessible to them but on other 'wings' people did not. Staff told us this was because people were living with dementia and needed support to drink. Whilst people were supported with drinks by staff, there were occasions when staff missed opportunities to promote hydration. For example, when people had finished their drink, staff did not offer them a re-fill or when people had afternoon bed-rest they were not always offered a drink until they got up. The registered manager assured us they would take immediate action to remind staff to consistently promote hydration, and staff would be reminded to encourage people to have sips of drink little and often and ensure records were completed to reflect people's intake.
● People's feedback about the food was positive. One person told us, "I would say the food is excellent. We have old-fashioned stews, it's served hot and we have lovely puddings. There's a choice of drinks like lemonade or fruit juice."
● Some people were identified as at risk of malnourishment and / or dehydration and referrals to dieticians were made. The chef understood how to add calories to food and gave an example of adding butter to mashed potato.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

● People were supported to access healthcare professionals such as GPs, dentists and opticians. One healthcare professional felt improvements had been made in when staff referred people to them.

Staff support: induction, training, skills and experience

● Staff received an induction and training and felt they had the skills they needed to complete their role well. Some staff felt more in-depth training would help them develop their skills further in areas such as diabetes care, skin integrity and promoting nutrition and hydration. The registered manager and head of care told us whilst training given met the basic requirements, they had recognised the benefit of giving staff more in-depth knowledge to better equip staff to effectively meet people's needs. The registered manager gave us example of planned training for blood-glucose monitoring checks for people with diabetes.

● Staff were supported through team and one to one meetings. One staff member told us, "We get updated in meetings, they are useful."

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

● The home was purpose built and well maintained. The provider had a maintenance staff who was able to respond to any urgent repair needs.

● A communal lounge and dining area in each 'wing' gave people a choice of where they spent their time. The home also had spacious conservatories and a Chapel. People living on the ground floor had access to an enclosed garden and people living on the first floor had a flower balcony area which they could access with relatives or staff.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

● People had a pre-assessment before they came to live at the home to ensure their individual needs could be met. These assessments were used to formulate care plans for staff to follow.

● During people's initial assessment they were given the opportunity to share information with the provider and staff to ensure there was no discrimination, including in relation to protected characteristics under the Equality Act (2010).

Good

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection the rating continued to be Good. This meant people were consistently supported or treated with dignity and respect and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting people and ensuring their privacy and dignity was maintained. For example, staff were discrete when asking people in communal areas if they needed personal care assistance and they closed doors before assisting people with person care.
- Staff promoted people's independence. One person told us, "I'm more able than a lot of people living here, staff know who can manage and who needs more help. They know I can do a lot for myself, I have skype on my laptop so I can keep in- touch with my relatives, it's great."
- Staff told us they always tried to promote people's independence even if people could only do small things for themselves. One staff member said, "[Name] needs full support, but we can still ask them, 'is this what you'd like to wear today?' and include them in making choices.
- Staff understood the importance of keeping people's personal information confidential. For example, staff stored care plans in a locked room.

Ensuring people are well treated and supported; equality and diversity

- People felt well cared for. One person told us, "The staff are nice to me, they come if I press my buzzer." Another person told us, "I find the staff caring, they always talk to me and have time for me."
- Staff used touch in an appropriate way. For example, staff gave reassurance to people by gently placing their hand on a person's arm or around their shoulder.
- Relatives made positive comments to us about the staff and described them as "caring" and "kind" to their family member. One relative told us, "They couldn't be doing more, they are very supportive."

Supporting people to express their views and be involved in making decisions about their care

- People gave us examples of how staff involved them in making decisions about their day to day care. One person told us, "They always ask me what time I want to go to bed."
- People were given the opportunity to share personal information in a 'My Life' section of their care plan. People and / or their relatives felt involved in their initial plan of support needs. Some people could not recall being involved in on-going care reviews, however, care records reflected their involvement.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection the rating continued to be Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
- People's needs were assessed, and they had individual plans of care. There was a detailed 'at a glance' snapshot of people's individual needs and how these should be met, which provided key information for staff.
- Staff responded to people's needs. One person living with dementia had become very anxious when their family member left after visiting them. A staff member had recognised this as a key trigger for behaviour that challenged and had responded to successfully reduce the person's anxiety. An electronic tablet device was also used to enable the person to see their family member when they were not visiting, and this had lessened their anxieties.
- People told us, and we observed, call bells were promptly answered. One person pressed a call bell in a communal lounge and a staff member immediately responded asking how they could help. After being supported to the bathroom, the staff member ensured the person was made comfortable in their chair, helping the person raise their feet on a foot stool and offering them a drink.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
- Activities were planned for and took place. There were no designated activities staff member, although care staff told us, "most of the time" they were able to fit in "games, chats or sing-alongs." One person told us, "I like the classical music that is playing, we had occasional activities now and again and it's enough. We had a fete last month." One staff member played indoor bowls with a group of people and there was laughter and one person suggested, "let's get a team together."
- People were supported to maintain their own hobbies and interests. One person told us, "I like to have a chat with the others in the lounge and we knit hats for new born babies and donate them to the hospital."
- People's pastoral and faith needs were met. Most people living at the home practised a Catholic faith and told us attending daily Mass at the home's Chapel was very important to them. Quiet spaces were made available for people to pray and read Bibles, and staff were respectful of this. One staff member told us, "If a person needs support to attend Mass, we always give this. Of, if they are poorly we will read some Scripture to them if that's what they want." The registered manager told us, "The home is open to people of other faiths or who are non-practising. We'd ensure we always met a person's needs, whatever they were."

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability,

impairment or sensory loss and in some circumstances their carers.
● Menu information was written and pictorial. Staff also showed people plated food to enable them to make a choice.
● Feedback forms were accessible to people. For example, 'smiley face' symbols were used and enabled people living with dementia to give their feedback on the quality of services.
● There was signage in the home. For example, people had favourite photographs on their bedroom door to help them identify their room.
● The registered manager told us about their plans to implement the AIS further. For example, an AIS 'at a glance' care plan information was to be made available to people. The registered manager told us these would be in place before the end of September 2019.
● Following the recent staffing restructure, a 'Who's Who' pictorial guide for each 'wing' had been started and was due to be completed by the end of August 2019.

Improving care quality in response to complaints or concerns
● The provider displayed their complaints policy and people had the information they needed should they have cause to complain. When complaints were received these were recorded and investigated by the registered manager.
● The registered manager told us their AIS complaints policy would be completed and displayed by the end of August 2019.
● People and relatives told us they had no complaints. One staff member told us, "If someone had a complaint, I'd try to sort it out or tell the manager about it, so they could sort it out for the person."

End of life care and support
● The home did not offer nursing care. However, the registered manager and provider aimed to support people's wishes to remain at the home for end of life whenever possible, with external healthcare professional support.
● The registered manager told us one person was receiving palliative care. The person's wishes not to be admitted to hospital were recorded in their care plan and staff understood how the person wanted to be supported at the home.
● The registered manager told us, "When a person is receiving end of life care, I'll always make sure we have an extra staff member on shift if needed, so they can give special care to them, like sitting with them or holding their hand."

Requires Improvement

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement and some regulations were not met. At this inspection we found sufficient improvements had been made to meet the requirements of the regulations. However, improvements needed to be embedded and some further improvements were needed. Therefore, the rating continued to be Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager and head of care had identified improvements were needed. For example, ensuring 'dementia friendly' activities were offered to people by staff. Also, increased managerial oversight of delegated tasks such as audits and checks that records are completed as expected. They shared their service development plan, dated June 2019, with us. This listed areas for improvement, actions needed, who was responsible for those actions and timely planned dates for completion. All actions related to the breaches of the regulations we had identified at our last inspection had been completed.
- A staffing restructure had taken place in April 2019 which had positively impacted on more effective staff deployment. The registered manager told us, "There was resistance to the changes from some staff, this impacted on staff turnover. Most staff have now recognised the benefits to people and understood the need for the restructure." The head of care added it was now a time of embedding the changes and ensuring senior carers fulfilled their role and supported care staff through effective leadership on each 'wing'.
- The provider had systems and processes in place to audit the quality of the services provided. The head of care undertook 'compliance' visits and included observations on staff practices. Where audits had identified improvements were needed, these had been incorporated into the service improvement plan.
- Overall, audits had identified where improvement was needed. However, the medication audit had not included a check on records to demonstrate whether staff followed the manufacturer's instructions for administration.
- Improvement was needed in the managerial oversight of important records. Senior carer staff had the delegated responsibility for checking food and fluid charts were completely in a timely and accurate way, however, we found this was not always done.
- Environmental checks ensured the home was safe for people to live in. For example, the provider had a system to ensure gas, electrical and lifting equipment was checked regularly. Where work had been identified as required, for example, from an external professional inspection of the passenger lift, work had been undertaken and scheduled in a timely way.

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

● The registered manager had maintained a "Friends and Relatives Forum" where home meetings offered the opportunity to be updated and informed about improvements and changes made at the home. An updated staff photo board had been suggested by people and this was being acted on.
● People, relatives and staff made positive comments to us about the registered manager. One staff member told us, "She is a good manager, always listens and wants the best for the people living here."
● Staff understood the managerial structure and told us the provider's head of care visited the home, "at least weekly" and was approachable.
● Relatives and friends of people living at the home had opportunities to give their feedback. Completed questionnaires, dated November 2018, had been analysed and positive comments had been received.
● The rating from the provider's last inspection was displayed, as required, in the entrance area of the home.

Working in partnership with others
● The provider worked in partnership with others. For example, staff worked with GPs and community nurses to ensure people's health and wellbeing was promoted.
● The registered manager had researched the positive impact of people living in care homes being able to interact with children and the mutual benefits this had on all. Links had been developed with a local day nursery and young children were welcomed into the home.

Continuous learning and improving care
● On the first day of our inspection we observed a staff member had not accompanied a district nurse on their visit to people in the home, one of whom they had never met before. The registered manager told us it was their expectation for a member of staff accompany any visiting healthcare professionals to see people. The registered manager took immediate action to ensure this was consistently followed by staff.
● The registered manager had recognised improvement was required in joint working with the district nurse team to ensure effective communication took place. A meeting had been arranged, prior to our inspection visit, for July 2019.