

# Little Sisters of the Poor St Joseph's Home - Birmingham

## 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

About the service: St Joseph's Home – Birmingham is a residential care home that provides nursing care to older people. They were registered to provide care for 38 people and there were 37 living at the home when we visited. The accommodation consists of three floors with shared communal areas on each one. There is also a chapel attached to the home.

People's experience of using this service:

The service continued to meet the characteristics of good.

- The risks to people's health and wellbeing were assessed and action taken to reduce them. People were supported by staff who understood how to protect them from avoidable harm. There were enough staff deployed to keep people safe. People's medicines were well managed and staff understood how to reduce the risk of the spread of infection. There were systems to learn from mistakes including the detailed analysis of accidents and incidents.
- Staff received training to enable them to do their jobs well. People were provided with care and support which protected them from discrimination. They were supported to maintain a healthy diet. Their health and welfare were managed with referrals to other professionals made when required. 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. The environment was adapted and upgraded to meet their needs.
- There were kind and caring relationships between people and staff which were based on dignity and respect. People felt involved with decisions and that staff respected their wishes. Staff had a very good understanding of cultural and religious differences and provided support and opportunities to meet these. Families were welcomed at any time.
- People had care and support provided which met their preferences. Complaints were handled appropriately and in line with the provider's complaints policy. People did not currently receive end of life care but people had discussed their wishes with staff.
- Staff enjoyed working at the service and felt respected and valued. People could give their views about how the service could develop and improve. The provider's quality assurance processes were effective in identifying potential risks to people's safety. There was a continued focus on learning, development and improvement.

More information is in the full report.

Rating at last inspection: The service was last inspected on 21 June 2016 and was rated good.

Why we inspected: This was a scheduled inspection based on the date the service was registered.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as

per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://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?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# St Joseph's Home - Birmingham

## **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 checked 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.

**Inspection team:** The inspection was completed by 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.

**Service and service type:** St Joseph's Home – Birmingham is a care home. People in care homes receive accommodation and personal care. 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 the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

**Notice of inspection:** This inspection was carried out on 22 March 2019. It was unannounced.

**What we did:** We used information we held about the home which included notifications that they sent us to plan this inspection. We also reviewed information from the local commissioning contracts team and from the completed Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. However, the provider had completed this eight months previously and we therefore gave opportunities for them to update us throughout the inspection.

We used a range of different methods to help us understand people's experiences. We spoke with two

people who lived at the home about the support they received. As some of the people found verbal communication more difficult, we also observed the interaction between people and the staff who supported them in communal areas throughout the inspection visit. We also spoke with three people's relatives to gain their feedback on the quality of care.

We spoke with the registered manager, the clinical lead, two nurses, one senior care staff and one care staff. We reviewed care plans for five people to check they were accurate and up to date. We also looked at medicines administration records and reviewed systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. These included accidents and incidents analysis, meetings minutes and quality audits.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

### Using medicines safely

- ☐ At our last inspection we found that medicines management needed to be improved. At this inspection we found medicines systems were well organised and people received their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- ☐ People and relatives told us they received them when they needed them. One relative said, "Staff make sure my relative gets all of their medicines daily."
- ☐ Some people maintained responsibility for managing their own medicines. An assessment had been completed with the person to agree this and secure storage provided in their bedroom.
- ☐ Some people were prescribed medicines to take 'as required'. There was guidance in place to support staff to know when this was needed.

### Systems and processes

- ☐ Staff were knowledgeable about safeguarding and could explain the processes to follow if they had concerns.
- ☐ One relative we spoke with said, "I feel so lucky that my relative is here because I know they are safe."
- ☐ When safeguarding concerns were raised and investigated, we saw that action was taken to protect people from further harm and this included referrals to other health and social care professionals.

### Assessing risk, safety monitoring and management

- ☐ Risks to people's health and wellbeing were assessed, managed and regularly reviewed.
- ☐ We saw people being supported in line with their risk assessments; for example, using equipment to move safely or to relieve pressure on skin.
- ☐ One person told us they had equipment to move independently and how important this was to them. They described how staff helped them with this including moving them safely to get in and out of it.
- ☐ The environment was checked regularly to ensure that it was safe and well maintained.

### Staffing levels

- ☐ There were enough staff to ensure that people's needs were met safely.
- ☐ One person told us, "There are always plenty of staff to help you." A relative confirmed, "There are always staff around and they help people straight away." We saw that staff had time throughout the day to spend time with people, chatting and keeping them company.
- ☐ In addition to the paid members of staff, members of the religious community lived on the site and were available to support people. Some had specific roles, for example, as nurses or supporting nutrition, whilst others provided spiritual and social support.
- ☐ The provider followed safe recruitment procedures which included police checks and taking references to

ensure that new staff were safe to work with people. One member of staff told us of additional references that were requested prior to their employment. They said the provider had additional safeguards in place for staff in senior positions.

#### Preventing and controlling infection

- ☐ The home was clean and hygienic which reduced the risk of infection. One relative told us, "It is always clean and there is never a bad smell."
- ☐ Staff understood the importance of protective equipment in managing cross - infection. We saw staff wearing protective equipment and that it was readily available.
- ☐ There were systems in place to regularly review infection control in the home and all staff we spoke with understood their responsibilities. There had been investment in replacing and upgrading some of the equipment in the home to improve infection control since our last inspection.
- ☐ There was a five-star rating from the food standards agency, which is the highest possible rating. The food standards agency is responsible for protecting public health in relation to food.

#### Learning lessons when things go wrong

- ☐ Lessons were learnt from when things went wrong and actions taken to reduce the risk.
- ☐ When there were accidents or incidents these were recorded and analysed. Action was taken to prevent recurrence; for example, when people had falls reviews were undertaken to consider what actions could be taken to reduce the likelihood of it happening again.



# Is the service effective?

## Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- ☐ People's needs and choices were met in line with national guidance and best practice.
- ☐ People's protected characteristics were considered so that they were safeguarded from discrimination.
- ☐ People's needs had been assessed to ensure that staff could provide the appropriate care in line with current best practice guidelines and legislation. Where people had health conditions that had been referred to in their initial assessment this was then reflected in more detailed care plans.

Staff skills, knowledge and experience;

- ☐ People were supported by staff who had ongoing training. One person told us, "All of the staff are great." A relative said, "The staff certainly know what they are doing and they are straight on any concerns."
- ☐ Staff told us the training they received was a good standard and equipped them to do their job well. The registered manager told us about some partnership work with the local hospice. One member of staff told us how valuable they found this training. They said, "It is helping us to improve and think about things like pain management in more depth. It has always been an important part of the care here because of the religious side of things."
- ☐ A computerised care planning system had recently been introduced and one member of staff told us about the additional training they had in this to be a 'super-user'. They said, "It was really interesting and has meant that I have been able to assist other staff in using it."
- ☐ Staff had regular opportunities for supervisions and to discuss personal development. There were clear arrangements in place for nurses to maintain and update their registration and opportunities to evidence their continual professional development.

Supporting people to eat and drink enough with choice in a balanced diet

- ☐ People were supported to have balanced diets and made choices about the kind of food they enjoyed.
- ☐ One person told us, "The food is excellent." Another person said, "Roast dinner is my preference and I do get that sometimes."
- ☐ Special diets were catered for; including for people who had been recommended softer meals to manage a risk of choking. Some people required assistance to eat and drink and we saw this was given discretely and with compassion, giving the person attention and gently encouraging them.
- ☐ Records were maintained when people were nutritionally at risk. They showed when people were at risk of dehydration, they were regularly offered and supported with drinks. Their intake was monitored to ensure they met their daily recommended minimum amount.

Supporting people to live healthier lives, access healthcare services and support and providing consistent care across organisations.

- Nurses were responsible for assessing and monitoring people's health. They ensured that care plans were kept up to date and made referrals to other professionals when required; for example, speech and language therapists or occupational therapists.
- People had regular appointments to monitor their health. One relative told us, "The doctor comes each week and other appointments are made when needed."
- When people were unwell they received prompt attention from medical professionals. We saw records which showed referrals were made to other health and social care professionals to support people when necessary.

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

- People were involved in decisions about the premises and environment. Some areas of the home had recently been re-decorated and improved and we saw in resident's meetings records that people said they were pleased with the result.
- The home was well maintained and regular checks were carried out to ensure all areas were safe and enabled people to freely move around the home.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed.
- When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within principles of MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff consistently obtained consent from people during the inspection. One relative told us, "One of the things I particularly like here is that people are not restricted in any way. They are treated as adults. They choose where to spend their time and what to do as much as they can."
- When people were unable to make their own decisions, staff told us how they consulted other professionals to ensure that their best interests were considered.
- DoLS authorisations were in place when some people had restrictions in place that they couldn't consent to. Staff understood the DoLS to ensure that they were meeting the requirements of the MCA.
- There were capacity assessments in place to support the decision making.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- ☐ People had caring, kind supportive relationships with the staff who supported them.
- ☐ One relative told us, "All the staff are very attentive and kind. I can't imagine my relative anywhere else and I can't believe how wonderful it is."
- ☐ We saw caring interaction between staff and people throughout the inspection. One member of staff said, "I love working here. It is a homely place. Although it is a big building we usually work on set floors so we get to know people really well."
- ☐ When people were distressed staff responded to reassure them promptly. They also recognised signs of discomfort and provided assistance before people became upset. For example, when one person became confused about where their family were they reassured and engaged the person.
- ☐ One member of staff and a family member described the change in one person since moving to the home. They told us when they moved there, they were not eating or talking. We saw they now laughed and joked all day with staff and chatted about family and other memories.
- ☐ People were encouraged to make choices about their care. We saw people chose where to spend their time and asked for assistance when they required it. One relative told us, "At first my relative chose to spend time in their room. Sometimes they go to the lounge now, but it is always what they want and they are never forced to do anything."
- ☐ Some people were supported to follow their religions. As the provider was a Roman Catholic religious community there were opportunities for prayer and mass daily. Some people were no longer able to or chose not to attend the church and the daily mass was streamed on to televisions in communal areas and people's bedrooms if they chose to participate in that way. One person told us, "I like to go to mass every day and staff remind me of it." One relative said, "Religion was very important to my relative. They watch daily mass on the television in their room and have communion every day."
- ☐ Some people who lived at the home were priests or nuns and there were opportunities for them to facilitate the mass or other prayers at times. Including them in this way showed a respect for their ongoing role in the church.
- ☐ One member of staff said, "This is a quiet, spiritual time in the home so we try to ensure all personal support is completed beforehand so that people are not disturbed."
- ☐ Other people had a different religion or were not spiritual and this was respected by all staff. One relative told us, "The staff understand that it is not important to my relative; they respect that."

Respecting and promoting people's privacy, dignity and independence

- ☐ Dignity and privacy were upheld for people to ensure that their rights were respected. One relative said, "The staff always deal with things discretely."

- Families were welcomed to visit at any time. There were also facilities for them to stay over if people were unwell or nearing the end of their lives.
- Special occasions were celebrated with people, including their birthdays
- People were encouraged to be independent in line with their support needs; some people managed their own finances and others had electric scooters to move around the building independently.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ People were supported by staff who knew them well and helped them to plan for things they wanted to do.
- ☐ There were care plans in place which were detailed and regularly reviewed. The provider had recently moved to electronic care plans and one member of staff told us they had spent time inputting and updating information about people. They said, "Some of us were asked to take on this role. We came in for 'office days' to do the inputting." The registered manager said, "It was worth the commitment because we are confident that the information we have about people is up to date."
- ☐ Staff completed daily records on the electronic system. They told us this meant that they could see easily any changes to people's needs when they started on shift.
- ☐ There were also regular handover meetings where staff discussed any particular support or monitoring people may require.
- ☐ There were activities planned throughout the week. One relative told us, "My relative enjoys when staff take them out for a walk the weather is fine. They also like the entertainers and birthday parties. It was lovely at Christmas and they got them up dancing."
- ☐ The registered manager told us about themed events they organised. They said, "We had a big St Patricks day event because a lot of people are Irish or Irish heritage. We do put a party on for any occasion we can think of though, because it gets people together and gives us lots to talk to each other about."
- ☐ Volunteers organised a weekly film club and quiz. They told us how warm and welcoming the home was. Some relatives attended Sunday mass and enjoyed a social occasion afterwards.
- ☐ There was a library and shop in the home which was supported by volunteers, including some people who lived at the home. The registered manager told us of their plans to create more of a community hub from these rooms.
- ☐ People's communication needs were assessed and it was clear how information should be shared with them. One person told us they could listen to talking books. The minutes from residents meetings were shared on yellow paper because people had said this was easier to read. People also had access to technology such as computer tablets and smart speakers which could be voice activated.
- ☐ This showed us that the provider understood and met the Accessible Information Standard (AIS). This was introduced to make sure that people with a disability or sensory loss are given information in a way they can understand.

Improving care quality in response to complaints or concerns

- ☐ People knew how to make complaints and were confident that they would be listened to. One relative told us, "I have no complaints but would not hesitate to speak with the registered manager or another member of staff if needed."

- There was a complaints procedure in place and a clear accountability for reporting any received to the provider. No complaints had been received.

#### End of life care and support

- Some people had plans in place for the end of their life, including choosing when they would want to be resuscitated.
- Staff and relatives told us how important a dignified death was in this home.
- A religious ceremony called last rites was available to people who lived at the home if they wanted it. Some families told us this gave them great comfort.
- The partnership with the local hospice was assisting the staff team to develop plans to assist people to manage their pain at the end of their life, in line with their wishes.
- The registered manager told us that members of the religious community ensured that people were never alone at the end of their lives.

# Is the service well-led?

## Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- ☐ There was a new registered manager since our last inspection and clear improvements were evident.
- ☐ The environment had been upgraded and modernised which improved comfort and safety. For example, there was new flooring which was easier to clean and reduced the risk of falls. A new security system had been implemented to protect people from falling down the stairs.
- ☐ Medicines management had been improved. This included implementing new checks and reviewing and disposing of excess stocks of medicines. People had been provided with secure storage if they wished to manage their own medicines.
- ☐ The registered manager had recruited additional nurses and a clinical lead. They told us this would release some of the pressure on them and give them more time to support the whole community.
- ☐ This home was the provider's pilot for implementing the electronic care plans. The registered manager and staff told us about the resources invested in this transition to ensure it worked well. The registered manager also explained it was a good tool for them and the clinical lead to review people's care on a regular basis and monitor for themes or trends; for example, in reviewing falls management.
- ☐ Regular audits were completed, including hospital admissions, any infections people had and how many 999 calls were made. This information was reported to the provider and to external organisations who commissioned the service. An annual review was also completed to assist with reviews.
- ☐ All staff understood their roles and responsibilities and there were clear lines of delegation. Some staff held responsibility for certain roles such as medicines management and they understood this.
- ☐ The provider completed regular themed reviews of the home and gave recommendations for improvement.
- ☐ External audits also assisted the staff team to make required improvements; for example, after a recent audit from the commissioner additional medicines monitoring systems were implemented.
- ☐ The registered manager ensured we received notifications about important events so that we could check that appropriate action had been taken.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- ☐ There were regular meetings with people who lived at the home and opportunities to feedback through surveys. any suggestions were listened to. For example, a religious retreat had been requested for Easter and this had been organised. When we spoke with the registered manager they explained this would include some external priests leading religious services and prayers over a full day. They said people often like this at

important times of the year such as Easter and Christmas.

- ☐ Staff felt supported through regular supervisions and appraisals. Team meetings were productive and staff felt confident their views and opinions mattered and were listened to. For example, any concerns around the electronic care plans had been discussed.
- ☐ There were strong relationships with local health and social care professionals to maintain people's wellbeing.