

Little Sisters of the Poor

Mount St Joseph - Leeds

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?	Requires Improvement 

Summary of findings

Overall summary

Mount St Joseph - Leeds is a 'care home'. People in care homes receive accommodation and personal care under a contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

Mount St Joseph - Leeds accommodates up to 45 older people and is situated in the Headingley area of Leeds. Mount St Joseph - Leeds is a residential home providing accommodation for persons who require personal care, some of whom are living with dementia. At the time of our inspection, 45 people were using the service.

This inspection took place on 25 and 30 May 2018. The inspection was unannounced on the first day. This meant the staff and provider did not know we would be visiting. The second day was announced.

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

We found improvements were needed as not all audits were being followed up with actions taken to drive improvement within the home and some had not been completed consistently. Some records were not always accurate and we found two notifications that had not been sent to the CQC to inform us of incidents that had occurred in the home.

During the inspection these notifications had been sent to the CQC. This related to the failure to notify us of other events and incidents which had occurred at the service which the provider is legally required to inform us of. We will deal with the notification issue outside of this inspection process.

Medicines were managed safely. As required' medicines were administered accordingly and protocols were in place for staff to follow.

People told us they felt safe and staff had a clear understanding of the procedures relating to safeguarding and whistleblowing.

Staffing levels were sufficient to meet people's needs and recruitment procedures were robust to ensure new staff were eligible to work with vulnerable people.

The majority of risk assessments were completed and reviewed to support people with specific needs to avoid any harm. We found one risk assessment which had not been updated however; this was completed before the end of our inspection. Incidents and accidents were monitored and managed safely with actions taken.

The provider followed The Mental Capacity Act 2005 with capacity assessments documented and best interest meetings recorded, when required. We found consent was obtained from people verbally and formally at review meetings.

People were supported with their health and nutritional needs and were provided with choices of food and drink at regular times throughout the day.

Staff were kind and caring. People said staff attended to their needs and that call bells were answered in a timely manner.

Care plans were detailed and included people's preferences, likes and dislikes, which promoted person centred care. People were encouraged to be independent and make choices regarding their care and staff respected people's privacy and dignity whilst tending to their care needs.

Complaints had been responded to in a timely manner with outcomes recorded and investigations completed when needed. Several compliments had also been received by the home.

Staff had completed training to ensure they met people's care and support needs and this was in accordance with the providers policy. Staff were also supported with supervisions and annual appraisals to monitor staff to encourage and develop opportunities.

Staff told us they felt supported by the registered manager and felt confident to raise any concerns. Staff meetings took place and regular meetings with people living in the home to gather people's views.

Surveys were provided to people, their relatives and health practitioners to gather their views of the service.

Further information is in the detailed findings below.

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 

This service was safe

People told us they felt safe and staff were knowledgeable about how to protect people from possible abuse or harm.

Medicines were managed safely and people told us they received their medicines as prescribed.

Risk assessments were implemented and reviewed regularly to ensure risks were minimised. Accidents and incidents were effectively managed to prevent re occurrences.

The home was clean and tidy. Relevant health and safety checks were carried out to ensure the premises was safe.

Staffing levels were sufficient to meet people's needs and recruitment procedures were robust.

Is the service effective?

Good 

This service was effective

New staff completed an induction programme. All staff completed training the provider deemed essential to meet people's needs.

The principles of the Mental Capacity Act (2005) were being met. Capacity assessments and best interest decisions were completed when people lack lacked capacity to do so for themselves.

Staff were supported with regular supervisions and annual appraisals to encourage their development.

People were supported to meet their nutritional needs and to maintain their health with access to healthcare professionals, if needed.

Is the service caring?

Good 

This service was caring

People told us staff were kind and caring. Staff respected people's privacy and dignity.

Staff were aware of people's communication needs, this was reflected in care plans and through observations during inspection.

People were encouraged to remain as independent as possible and involved in their every day care.

Is the service responsive?

Good ●

This service was responsive

Initial assessments were carried out to ensure people's needs could be met. Person centre care plans were in place to guide staff.

People were offered choices about their care and reviews took place regularly.

Activities were encouraged and staff engaged people to ensure social isolation was reduced.

Complaints were managed effectively and investigated when required. Compliments from people and their relatives had also been received.

Is the service well-led?

Requires Improvement ●

This service was not always well led

We found improvements were needed as not all audits were consistent in monitoring and guiding improvements within the service. Also, records were not always accurate.

Staff and people told us they felt confident the manager would act on concerns raised.

Meetings and surveys were completed and asked people about their views on the home and if there were any improvements to be made.

Mount St Joseph - Leeds

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 25 and 30 May 2018. It was unannounced on the first day and was carried out by two adult social care inspectors. The second day was announced.

Before our inspection, we reviewed all the information we held about the service, including previous inspection reports and statutory notifications sent to us by the provider. Statutory notifications contain information about changes, events or incidents that the provider is legally required to send us. We also contacted the local authority, local safeguarding, and Healthwatch to gather their feedback and views about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Before the inspection, the provider completed a 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.

During our inspection, we spoke with four people who used the service, three staff members, the training officer, human resources team leader, the deputy manager and the registered manager. We spent time looking at documents and records relating to people's care and the management of the service. We looked in detail at four people's care plans, medicine records, four staff personal files and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

People living in the home told us they felt safe, one person said, "Yes, they always come quickly (responding to the call bells) when I need them." Staff were knowledgeable about how to protect people from possible abuse or harm. Comments included, "It's protecting people from abuse and keeping their dignity" and "It could be verbal, neglect, physical, sexual abuse or even taking away people's choices. We look for signs and report it to the [registered manager] and we have policies of how to report including, whistleblowing." We also saw there was a safeguarding and whistleblowing policy in place.

Risk assessments were implemented when there was an identified risk and reviewed regularly. Some of these included assessments on people's mobility, pressure sores, physical health and mental wellbeing. We saw a risk assessment for a pressure sore and how this was closely monitored with the input of health professionals to prevent further physical health deterioration. The home had a smoking room and there was a risk assessment in place to prevent a fire and individualised risk assessments were carried out to identify the level of support required from staff. For example, if a person was a risk of falls they were supported by staff in the room to avoid risk of burning themselves.

We saw one nutritional assessment which highlighted that a person had lost considerable weight. Monthly evaluations of the person's nutritional state had been recorded but no actions taken to prevent further weight loss. We saw possible reasons as to why the weight loss may have occurred however, the person's weights had not been monitored since March 2018 and there was no care plan in place. We discussed this with the registered manager and on the second day of inspection a nutritional care plan had been put in place and the person's weight completed. The registered manager told us this would be continually monitored and health professionals involved to prevent further weight loss.

Accidents and incidents were managed effectively. The provider had systems in place to monitor for trends and themes for individuals living in the home and used a system to monitor incidents and outcomes to ensure actions were taken to reduce the risk of re occurrence. For example, one person had several falls, this was monitored and actions included the use of equipment to support the person. Following this the persons risks remained the same but did not deteriorate.

The management of medicines was safe. Medicines were stored and administered following the provider's policy however; we did find some recording issues which we have addressed in the Well Led section of this report. We looked at Medication administration records (MAR)'s which recorded when medicines had been administered with staff signatures to show people had received their medicines. People told us they received their medicines and we observed staff during a medication round. Staff informed people of their medicines, waited until these had been taken to ensure and signed the MAR to say they had been administered.

Some people were prescribed 'As required' medicines and we saw protocols which provided instructions for staff. One person had a pain management protocol in place due to pain in their knee, examples of why the medication was needed and when to offer this had been clearly documented.

Staffing levels were sufficient to meet people's needs. The sisters and staff told us, "Staffing is ok", "Yes there is enough staff. Staffing has increased since I've been here." The registered manager told us they had introduced a dependency tool using a green, amber and red system to determine individual's levels of need and whether staffing needed to be increased. Staff recruitment procedures were robust and checks carried out to ensure people were of suitable character and safe to work within the home environment. We looked at four personal files which included this information.

The premises were clean and tidy. We saw cleaners on each floor at different times of the day and there was a cleaning rota in place. There was an infection control policy which was in the process of being reviewed and we observed people following infection control procedures for example, staff wore personal protective equipment (gloves and aprons) to protect against cross infection.

Relevant health and safety checks were carried out which included electrical tests, gas safety, fire checks and risks assessments. Equipment checks were completed on hoists, slings and wheelchairs used within the home. Fire drills and tests were completed regularly and people had evacuation plans which instructed staff how to support people to leave the premises. One person told us, there had been an overview on fire drills and safety at a meeting with people living in the home which they found very interesting and useful and told us it made them feel safer.

Is the service effective?

Our findings

At our last inspection of the service we found the service was not always effective as several staff members had not refreshed their training which did not follow the provider's policy on training. At this inspection we found staff had completed their training and refresher training was being monitored closely by the training officer. There was a training matrix which was used to monitor staff training and we found over 90% of all staff had completed all training required by the provider.

People living in the home told us they felt staff had the right skills and knowledge to meet their needs. One person said, "The staff are intelligent and kind. They are excellent with older people." Staff said, "We have done a lot of training in the past six months, training has been great." Some of the training courses included, equality and diversity, safeguarding, MCA, person centred care, dementia care, health and safety, nutrition, medicines management and communication.

There was an induction for new staff which included shadowing of experienced staff and training. The training officer told us improvements had been made and they now ensured new staff completed all the training before working with people in the home. Where applicable new staff had completed, or were completing, the 'Care Certificate'. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Staff told us they felt supported with regular supervisions and annual appraisals to support their development. We looked at four staff files which showed staff received this support and were encouraged to enhance their skills and knowledge. One staff member said, "We are supported to do distance education skills which are available in areas such as nutrition or end of life care."

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

The provider was working within the principles of the MCA. Staff received training and had good understanding of the MCA. A staff member told us one person kept forgetting to take their medicines so a capacity assessment and best interest decision was made for staff to support with administering to ensure the person's physical health did not deteriorate. Capacity assessments and best interest decisions had been completed with the relevant health care professionals and family members, when a person lacked capacity. Some capacity assessments had not been reviewed which the registered manager acknowledged and said they were currently working to change this as the form used did not allow for any review information.

Care plans documented when DoLS applications had been made including ones that had not yet been progressed. This was to ensure the provider knew when new applications were required. People were asked for their consent. We saw people had signed their care plans and been involved in reviews of their care.

People were supported with their nutritional needs. Staff explained how people had differing needs and we saw the kitchen had information about people's specific dietary requirements. For example, a variety of consistencies of food was available for those people at risk of choking and some people required their food to be cut for them. We observed staff supporting people to eat during lunch which followed these plans of care. People were offered a choice at meal times and their preferences met. One person liked eating from a bowl rather than a plate and this was provided.

Care plans detailed health care professional's involvement in people's care so that they could be contacted by staff and people living in the home. Some of these included general practitioners, district nurses and physiotherapists.

Is the service caring?

Our findings

People living in the home and their relatives were positive about the care received by the staff. One person living in the home told us staff were caring and other comments included, "The home is wonderful and it's as good as it gets" and "Staff are caring." The satisfaction survey for relatives and friends 2018 highlighted that the majority of the care needs of people had been met. One relative commented, 'Mum has settled in well here and everyone is so caring and lovely. Couldn't ask for more'.

Communication in the care plans was clear and easy to follow. Staff were provided instructions for how best to communicate with people so they were able to make decisions about their care. For example, 'Staff to be aware that they need to speak to the resident very slowly and ensure they are making eye contact. Speak in a soft clear manner so that it gives [Name] a chance to hear what you are trying to say to [Name]'. We saw staff speaking to people in a slow and clear way. One person said that they were involved in making decisions about their care and if they didn't understand they spoke to their daughter.

People told us their privacy and dignity was respected by staff. One person said, "I'm treated with respect." For example, the door is closed when they are being bathed and another person explained that they let them take their time after a shower when putting clothes on. A staff member told us, "It's like a family, you get attached to the people. It's so person centred here. We treat people with dignity and respect."

The provider had an equality and diversity policy which recognised that services must be free from abuse and improper treatment. Staff followed this policy and respected people's diverse needs we saw evidence of this as people living in the home had different religious beliefs and staff supported people to continue their practice.

People were also encouraged to keep their independence. Staff encouraged people to choose their clothing, assist in personal cares when possible and supported people to maintain their mobility with the use of walking aids. There was a 'tuck shop' on site which looked like a local shopping facility for people to use that were unable to get out of the home due to mobility. Staff supported people to the 'tuck shop' so they could remain independent and shop for themselves.

We observed staff interactions with people living in the home. They were polite and respectful. Staff were patient whilst supporting people with their nutritional needs, and they were continuously communicating with people and asking if they were okay and if they needed anything. Humour and compassion was used. This showed good interaction between the people and staff.

Staff involved people and gathered their views in monthly meetings. The minutes taken from the meetings demonstrated that feedback was taken on board and that people were listened to. For example, people were asked if they had any suggestions regarding food and drink for the summer choices menu. One person responded saying that 'Everyone enjoys the food and would like to thank the kitchen staff.'

Is the service responsive?

Our findings

Initial assessments were carried out prior to people moving into the home to ensure staff could meet their needs. One person told us they were asked about their preferences and care needs at the initial meeting. Care plans were completed following this and these were person centred. We found peoples likes, dislikes, preferences and wishes had been recorded so staff knew how best to care for them.

People were offered choices about how they wished to live their lives. One person told us, "They give us choices." Staff told us they offered choice when delivering care and one staff member said, "We offer people a choice of food, we ask whether they would like a bath or a shower, how often they want this and what they want to wear." We looked at one care plan which recorded a person's preference to be given a shower twice a week and a strip wash daily in the morning and before returning to bed which had been delivered.

We looked at four peoples care records and most had been updated regularly however, we found one care file with care plans that had not been updated for a number of years. Although the care plans had been evaluated on a monthly basis the actual care plan remained the same even though the evaluation notes recorded some changes to care. We discussed this with the deputy manager and on the second day of inspection all of the care records had been updated.

Activities were provided within the home with a weekly activity board for people to view. The home had pet birds and we saw some people in the home interacting with the birds, laughing and smiling. We saw the home had bought in some chicken eggs at Easter time and people living in the home were encouraged to look after them until they hatched. One of the staff members told us they hoped to continue these activities to engage people and reduce social isolation. People told us activities took place, one person said, "There is bingo, dominos and some people do exercises. I like the bingo as I used to work in a bingo hall."

The home has its own Chapel where mass takes place daily and evening services of prayer. People were asked if they would like to attend. The church offered a catholic service however, if people's religious preferences differed from this the staff supported people with their needs. Staff supported a number of people who were Anglican. They attended the Anglican Service provided in the home once a month by the local Anglican Church.

There was a complaints procedure in place which had been followed. Complaints were managed effectively and actions taken to ensure lessons were learnt. The provider had also received a number of compliments, some of the comments included, 'Thank you for looking after [Name of person] so well and for the kindness you showed' and 'I would like to just say a big thank you to you and all the wonderful team of nurses and carers for looking after me while I was in your care'.

Some people living in the home received end of life care. The registered manager had devised a comprehensive care plan to assess people's needs and wishes. We found these to be detailed and included people's preferences and who they wished to be involved in their care. People and staff told us families were welcome to stay at the home and that relatives often stayed to be with their relatives when receiving end of

life care.

Is the service well-led?

Our findings

We found improvements were needed within the governance systems to ensure audits were effective and consistent to drive improvements within the home. We also found some records which were not always accurate.

Audits had not always been actioned on a monthly basis, for example, medication audits had not been completed for a three month period from February 2018 to April 2018. The registered manager had identified this and actioned new audits in May 2018. At the time of our inspection we found these audits had commenced although, not all had action plans completed. For example, one audit highlighted a number of missed signatures on MAR's but did not identify what action had been taken to ensure lessons had been learnt to avoid future errors.

Two medication audits that we looked at had also not identified recording errors. For example, All MAR's that we looked at used incorrect codes for when people did not require their medicine. The code 'Z' was used and informed by staff that this was used to record when a person had declined their 'As required' medicines. However, this was not a recognised code on the MAR and did not follow the provider's medicines policy. We informed the registered manager of this and they agreed to discuss this with their training officer so medicines training can be improved.

We also found care plan audits had not been consistent and completed on a monthly basis. The registered manager told us the audits should be completed monthly but this was not always actioned by staff. Quality audits were in place which also highlighted the need for improvements in care documentation however, there was no action plan from the audit dated April 2018. We were informed that the nurses at the home had been completing these action plans and were waiting for the responses. The registered manager told us they were aware of the improvements required with their audits and had made a decision to recruit a clinical lead who will support with audits and ensure these are completed regularly to drive improvement.

The above concerns are a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Most notifications had been sent to the CQC however, we found two incidents relating to falls which had not been reported via a statutory notification to the CQC. Statutory notifications contain information about changes, events or incidents that the provider is legally required to send us so that we can monitor services. The registered manager told us this was an oversight and that both would be reported to CQC. On the second day of inspection this had been completed and all other incidents reviewed to ensure they had not missed any reporting. We are dealing with this outside of the inspection process.

This is a breach of regulation 18 of the CQC (Registration) regulation 2009.

Although we found some areas where improvements were required the registered manager had also implemented improvements. We found staff training had improved and this was following a re-structure of

how training courses were delivered. In the feedback received from staff one person said the impact of the training had been "More effective and efficient." The registered manager told us that for audits to be sustainable and kept updated they are in the process of recruiting a clinical lead that will be responsible for monitoring audits.

People living in the home and staff told us there was an open and honest culture within the home and that the management were supportive, comments included, "[Registered manager] is always asking if we are ok. I'm happy working here", "I always say to staff to come and chat when they need to. Sister is always there if you need them. There is a network of us here if you need it and the [Registered Manager] is always on the end of the phone." The registered manager had positive relationships with staff who felt confident to approach them with any concerns.

There were clear values set out by the management of the home. The deputy manager told us, "It's about keeping people's minds going, to give people a sense of purpose, helping each other and being kind." We found staff followed these values and ensured this was part of their everyday work ethos.

Quality, staff and resident meetings took place on a regular basis. Staff told us they discussed, "Care of the service users and how we can improve the care." Quality meetings looked at the overall quality of care, for example, there had been a discussion to ensure care plan reviews took place on a six monthly basis with people's families and we found this had been actioned within care files.

Surveys were completed to gather people's views. Annual relative, friends and surveys to people living in the home were arranged along with surveys completed by visiting practitioners. The most recent survey had been completed by relative's in February 2018. The feedback was overall positive with comments including, '[Name] has settled in so well here and everyone is so caring and lovely', 'We are happy with all aspects of care the home provides for [Name]' and 'I am very happy here.'

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>We found improvements were needed as not all audits were being followed up with actions taken to drive improvement within the home and some had not been completed consistently.</p>