

St Joseph Care Ltd

St Joseph's Convent Nursing Home

Inspection report

Lichfield Road
Stafford
Staffordshire
ST17 4LG
Tel: 01785251577
Website:

Date of inspection visit: 15 September 2015
Date of publication: 10/12/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 15 September 2015 and was unannounced.

St Joseph's Convent Nursing Home provides nursing care for up to 41 older people. At the time of the inspection there were 40 people in residence.

There was a registered manager in charge of the day to day running of the service. 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.

Medicines were safely stored and managed.

Summary of findings

People were protected from the risk of harm because staff knew how to recognise and report any suspected abuse. Any risks to people were assessed and action taken to ensure people's safety and welfare in discussion with the person and their family and supporters.

Staff felt supported and felt they received sufficient training to meet people's needs. Staff knew how to support people who did not have capacity to consent and helped them make decisions in their best interests. Further training was planned. People's health needs were met and reviewed regularly. People's nutritional needs were assessed and food and drink provided in sufficient quantities to maintain their welfare and to meet their preferences.

People were treated with compassion and kindness. People said they felt extremely happy with the care they received and made positive comments about the care staff supporting them. Our observations throughout showed people's privacy and dignity were respected at all times. People's wishes regarding their end of life care were sought and agreed. The service promoted high standards of care and compassion to ensure people and their loved ones were supported.

People's spiritual, social and recreational needs were supported, they were informed of any events within the home and their views were sought regarding any hobbies and interests they may wish to pursue. Staff knew of people's individual histories and their care needs. There were plans in place to ensure people's needs could be met as they wished.

Complaints procedures informed people how they could make a complaint and people told us if they had any issues they felt able to raise them with the staff or management.

Staff told us that the management team were very supportive and there was clear leadership. Staff meetings and annual appraisals took place to ensure staff were performing to the standard expected of them.

The views of people who used the service and their relatives were sought at admission and annually, any comments were analysed by the registered manager in order to continually improve the service provision.

A system for the audit of the quality of the service had been introduced by the new provider; this was an on going process and included a Health and Safety review. An action plan has yet to be developed.

Summary of findings

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 safe.

People were protected from the risk of abuse, because staff knew how to recognise and report it. Risk assessments were in place and reviewed regularly to minimise any potential risk of harm. Staffing levels were suitable for the needs of people and safe recruitment practices were evident. Medicines were managed safely.

Good



Is the service effective?

The service was effective.

Staff felt supported and received training to meet people's needs or had training planned. The principles of the Mental Health Act 2005 were followed to ensure that people's capacity was assessed and where needed decisions were made collaboratively in each person's best interest. Meal times were a pleasant experience and people's individual dietary needs were monitored and provided. People's health care needs were met.

Good



Is the service caring?

The service was extremely caring.

People told us they received excellent care and were treated with kindness and compassion. We observed positive interactions throughout the inspection and people being afforded privacy and respect. People nearing the end of life were supported by the staff team, palliative care specialists and their families. People were involved in decisions, and enabled to express their preferences to ensure a dignified death.

Outstanding



Is the service responsive?

The service was responsive.

People's needs were well known by staff and care was personalised to each individual. Opportunities to be involved in activities, hobbies and interests of their choices were provided and people felt informed of events in the home. Complaints information was available and people knew how to make complaints.

Good



Is the service well-led?

The service was consistently well led.

The new provider demonstrated an understanding of the need for audits of the quality of the service and to develop improvement plans. The registered manager understood her responsibilities and notified us of significant events in the home. People's views on the quality of the service were sought.

Good



St Joseph's Convent Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 15 September 2015 and was unannounced.

The inspection team consisted of two inspectors.

We reviewed the information we held about the service this included any information we received from other agencies,

such as the local authority and commissioners of the service. We looked at the information the provider had sent us including notifications. Providers are required to tell us of important events that occur in the service this could include accidents or the death of a service user; these are called notifications.

We spoke with eight people who used the service, two relatives and seven staff, including the registered manager and provider. We observed the routines in the home and the interactions between staff and people who used the service. We looked at records relevant to the inspection process this included six care records, and records relating to the management of the home, including staff recruitment and training records and monitoring.

Is the service safe?

Our findings

One person said, “It is spot on here” another said, “I came here because I knew it was a good place to live and I have been very satisfied”. People who used the service told us they felt safe living at St Joseph’s Convent Nursing Home. The provider had arrangements in place to ensure that people were safeguarded against the risk of abuse. Records showed that the provider had a plan in place to ensure all staff received this training update. A member of staff gave an account of how they would recognise suspected abuse and also said, “If I thought it was abuse I would go to the nurse, and I know there is a number you can ring but I have never had to deal with it”.

Risks to people’s health and well-being were assessed and where action was required it had been taken to minimise the risk, for example. One person had been identified as at risk of falls, an assessment concluded that additional equipment was needed to ensure their safety. The equipment had been sourced and fitted. Staff told us how reviews of risks were also undertaken regularly and how they completed checks on any equipment to ensure they were functioning properly

People told us that staff responded to the call bells when they rang for assistance. They and relatives made comments, such as, “I never have to wait for them to come when I press the buzzer” and, “I ring the bell and they come and see what I want”. The service was provided over three floors, staffing levels were calculated based upon the

dependency of people who used the service. We listened to call bells and noted they were answered promptly. People told us they received the care they needed when they wanted it. Staff were busy providing care and support and in our observations they took their time to deliver care in a way that people wanted. This showed that staffing levels were sufficient to meet people’s current needs, but should be subject to constant review.

The provider had suitable recruitment procedures in place. All of the staff we spoke with had worked at St Josephs for many years; they confirmed that they had been asked to provide evidence of their suitability to work at the home. We looked at the records of seven staff. We found checks on each person’s work history and suitability to work in a care setting had been carried out this included criminal records checks and references. The provider also checked that nursing staff had current registration with their professional body; this ensured they were fit to practice.

Medicines were stored and managed safely. We observed nurses administering medicines to people and overheard them ask people if they wanted as required medicines for example, “Do you want some gel on your knees?” One person told us, “They give me my medication. If I am in pain I would be able to ask for some tablets”. A relative told us, “[Person] has good pain management. They can have pain relief every four hours if needed. If I ring the bell the staff come straight away and deliver it. If I haven’t asked they come in at the four hours and ask if it is needed”.

Is the service effective?

Our findings

One person told us, “They [the staff] know what they are doing, they know how I like things to be done” A relative commented, “We have no concerns about the skills of the staff here”. Staff we spoke with told us they felt supported by the nurses and management team. One nurse told us, “I think this is the best home I’ve worked in. There is real compassion and a commitment to provide the best possible care”. Another said, “We are offered training to do the job properly, for example most of the nurses have been trained to manage people’s end of life pain relief, with support from Macmillan nurses. This means there is less disruption for people”. A staff member said, “We receive support as we need it, the registered manager is very supportive and will always find time to talk to you”.

Staff had a basic understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). They were able to tell us how they assumed people had capacity to make decisions which meant they involved them and talked to people about what they wanted to do. The registered manager confirmed that where people did not have capacity and may be subject to a restriction in their best interest, authorisations had been sought from the local authority. The registered manager said that eight requests for authorisations had been submitted. This meant action had been taken in line with the legislation to ensure that any restrictions were agreed.

People’s health needs were being met. We saw and people told us that they had access to health services as required. One person told us, “I have asked to see the chiropodist and I am still waiting”. Records showed that this has been requested and an appointment was planned. They also

said, “I need my glasses changed and I was pleased to find out that the optician comes to the home”. The registered manager confirmed that people were able to retain their own GP if they chose to and told us that a GP visited the home weekly. One person told us, “I’m waiting to go to the dentist I have an appointment this afternoon”.

We observed and were told that people had easy access to drinks and food throughout the day. One person told us, “I know I should drink more but there are not enough hours in the day. They will check to see how much I have drunk. It is all written down”. We saw and one person told us they chose to have hot chocolate in preference to tea and coffee. We confirmed from the records that where people’s food and drink intake needed to be monitored amounts were recorded and staff confirmed quantities were checked and people’s weight was also closely monitored.

One person told us that their ‘pureed’ diet was presented well and each item individually pureed so that is ‘looked good’ and they could taste each food item. They told us, “It can be restrictive, but it’s good food”. Other people told us how the meals were, “Wonderful” and, “Home-made”. Our observations of the served meal confirmed what we have been told. Another person said, “Food is very good, in fact there is too much and I hate having to send back uneaten food”.

Meal times were a pleasant experience. We observed lunch in two dining areas. There was a restaurant style menu on the dining tables, which had linen tablecloths and laid with good cutlery and china plates. Those that chose to enjoyed a glass of sherry with their meal. We observed the chef ask on two or three occasions to if everything was okay with their meals.



Is the service caring?

Our findings

All the people we spoke with told us that the care they received from staff was excellent. They praised the caring attitude of staff and spoke of them having time to listen. One person said, "It's very nice. They are very kind". Another said, "It is spot on." A relative we spoke with told us "[Person] is wonderfully well cared for. I am really satisfied with the privacy, respect and compassion I have seen here". We observed that the staff team were thoughtful and communicated with people in a kind manner. One staff member told us, "This is where I was taught to properly care".

We noticed that staff took time to speak with people and we observed that they knew people well. They understood people's preferences, for example, one person was brought a cup of hot chocolate mid-morning and she said that this was her favourite time of day to have one. Another person told us how they liked to eat lunch privately with their partner in the lounge and this was accommodated. Staff were able to describe people's histories, how long they had been living there and what their care plan was consistently. We heard staff explaining to people what they were going to do before they supported them, including respecting their privacy by offering covering to protect their modesty. Staff were aware of people's wellbeing and checked with one another whether somebody's care needs had changed.

We saw that the provider had introduced dignity in care champions to promote dignity within the service. This initiative was new to the service and yet to be properly embedded. Staff described how they respected people's privacy and dignity. One member of staff said, "It is drilled into us from day one that this is their home. We are told to have conversations when we support people, to knock on doors and use the engaged sign". A relative told us, "Staff always knock before coming in and if the door is open then they will call out 'knock, knock'". We observed this approach throughout the inspection and knew if rooms were busy because there was an engaged sign on the door. Staff spoke with people discreetly about their personal care needs.

We saw that people's visitors were warmly welcomed and staff spent time with them to update them since their last visit and to catch up on their news. One person said "My family can visit anytime and they have the run of the place. My grandchild knows the fridge well as they always put a

cream cake in there for me". A visitor told us that staff had spent twenty five minutes on the phone updating them and reassuring them that their relative was okay. A staff member told us "Family input is really helpful because it means we can continue the care that the person wants and needs".

One member of staff told us that they focussed on kind and considerate care, in particular providing dignity and compassion at the end of life. They said, "We really think that we can make a difference at the end and make it a good experience for people and their families". We saw that people's preferences had been incorporated in advanced care plans, which stated how they wanted to be supported at the end stages of their life. They included decisions about hospital admissions and pain management as well as choices of music for funeral services and the people who should be involved.

The registered manager told us how the service had strong links with a local hospice and the Macmillan nurses, to ensure that people experienced a comfortable, dignified and pain free death. She told us, "We work closely with all the other agencies to work in the best interests of people who are in receipt of end of life care".

We were told how staff managed death in a dignified way. Families were encouraged to stay with them for as long as they wanted to. We were told, "We can accommodate any person's family staying here if they need to, so they can be with their relative at the end of their life" and, "When the person has passed away we want to show them respect until they leave the building. All of the staff, including people who don't provide care, line the hallway as the person is taken out. They pause and we all say a prayer together". A staff member said, "End of life care is what we put our energy into and it is really important to us to give people a good end – we arrange them and their room and let family have lots of time with them. At handover if something has changed for someone we discuss how we are going to change our support".

Each year there was a memorial service in the small chapel that is part of the home. The registered manager told us that they believed it was a testament to the care that they provided that families feel able to come back and take part in remembering people. There was a memorial book in the home which contained photos of people, thanks from families and cards and funeral services for those that had passed away.

Is the service responsive?

Our findings

People commented, “I get to do what I want to do. I don’t always want to be involved with what is going on, and don’t have to” and, “They do have things you can get involved with but I keep myself occupied with the radio and CD’s”. Another person told us, “There’s plenty of entertainment: keep fit, a quiz, having my hair done”. Staff knew the needs of people who used the service. They told us how certain people liked to be cared for; their explanation was confirmed from the records and from what people told us. Records also confirmed that, ‘this is me’ documents had been completed including each person’s past family, social and occupational history, including preferences and dislikes.

People told us how they were asked if their care needs were being met properly and if they needed any additional support. One person told us, “They do ask and I’ve been able to agree how I want to be cared for”. Care plans developed from assessments of people’s needs were reviewed regularly and updated if any change of care needs were identified. We saw in some examples that people had signed their care records to acknowledge they had been included and involved in any discussions about the delivery of their care. In one example a person had chosen to not have bed sides fitted. They told us they understood the risks and had been supported to make this informed decision.

One person told us, “My faith is important to me. When the nuns were here we used to have a daily service and mass we could attend, but now we have them less often, but communion is still offered from a priest”. The registered manager confirmed that the chapel was always available for people to use as they wanted to saying, “We hold service’s suitable for all denominations and we also respect

the choices of people who do not wish to be involved. We also celebrate religious festivals. I always take the harvest festival”. A relative said, “We chose this home because of our relative’s faith”.

One person told us, “We do go out on trips and they are always arranging something”. Another explained how they were looking forward to a planned outing. We saw noticeboards contained lots of information about events past, present and those planned, including social opportunities and meetings. Photographs of people participating in activities showed they were enjoyed and accessible to all of the people who used the service regardless of ability or mobility.

Relatives told us they could visit their relative at any time. One relative told us, “I visit every day, I am made to feel welcome and they accommodate me without a fuss”. Another said, “We visit regularly and are kept up to date with all aspects of our relatives care needs”. A newsletter was also available to tell people and their relatives of relevant news, celebrations and plans. We were told the newsletter was circulated monthly to ensure people were kept informed. Two people showed us how they had planned events from the newsletter recorded on their calendars, demonstrating the information was provided.

People we spoke with told us they knew how to complain if they needed to. One person said, “I would make a complaint to the nurse if I was unhappy”. A relative told us, “We have not needed to complain, but if we did the staff are very approachable and I’m sure we would be listened to”. We saw there was information available to inform people how to complain and who to go to if they had any concerns about any aspect of the service. The registered manager told and showed us that if any complaints were received they were recorded and responded to in accordance with the agreed timescales and procedures.

Is the service well-led?

Our findings

People told us they registered manager was accessible. One person said, “She is always around”. A relative told us, “I’ve met the manager and the deputy, they are great. I’ve been asked to complete a questionnaire with [person who used the service]. I can’t fault the place”.

The provider promoted an open and positive culture by seeking the views of people who used the service and their supporters. The registered manager told us how each new person admitted to the service was asked to complete a questionnaire about their admission experience, saying, “This helps us to continually improve. We also send an annual survey to people and their relatives, which I review at the start of the year. It provides good information about what I need to be doing”. We were also told and we saw that monthly newsletters were provided to people and their relatives, informing them of past and future events. We observed that a, ‘how are we doing?’ suggestion box was located in the main foyer to encourage suggestions of comments for further improvement. In addition relative/user meetings were held periodically, minutes of which were available in the home. We were told how the new provider had attended a meeting to introduce themselves to people and to answer any queries and concerns they may have about the future direction of the home.

Staff felt supported commenting, “I feel supported, Mrs Jagger is stern but fair and is supportive around childcare and families” and, “There is a clear structure and we all know our places and that helps to resolve problems quickly”. Another told us there were annual appraisals and six monthly care meetings where everyone had the opportunity to input and voice opinions.

Since the last inspection of this location there has been a change in provider. The registered manager told us this had meant that some of the plans for future development had been stalled because of the sale; this included the

opportunities for career development and training for some staff and improvements to the home. They also told us how staffing levels were assessed based upon the dependency of people who used the service, saying, “We have enough staff at the moment, but we continually review who we admit and to which floor of the home, to ensure sufficient staff are available to meet people’s care needs safely”.

It was not always possible to audit the stock levels of some medicines in the home. This was because medicines left over from a previous stock were not always recorded as carried forward. This related specifically to medicines that were not dispensed in the monthly cassettes. This was discussed for future reference. A recent external Health and Safety audit had been requested and completed. An action plan had been developed to implement the changes required. The plan recognised the risks highlighted in the audit and detailed the timescales for actions to be completed. The new provider had issued new audit tools to be used to monitor and to establish the quality of the service but these had not yet been fully implemented. The registered manager told and showed us how audits had been undertaken previously by the previous provider and any actions agreed. They explained how the introduction of the new audit tools would help to identify areas for further improvement.

The new provider visited the home on a weekly basis and met with the registered manager to discuss aspects of the service. The provider told us, “We have identified much potential and opportunity at St Joseph’s we hope to have a development plan agreed once we have completed all the audits and assessments we need to undertake”.

The manager understood the responsibilities of CQC registration. They reported significant events to us, such as safety incidents, in accordance with registration requirements.