

Little Sisters of the Poor

St Joseph's Home - Bristol

Inspection report

St Joseph's Home
66 Cotham Hill
Bristol
BS6 6JT

Tel: 01179733815

Website: www.littlesistersofthepoor.co.uk

Date of inspection visit:
21 September 2022

Date of publication:
17 October 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

St Joseph's Home – Bristol provides personal and nursing care for up to 42 people. At the time of the inspection, 32 people were living at the home.

People's experience of using this service and what we found

People living at the home were safe as there were systems and processes in place to safeguard them from abuse. The risks to people's safety were well managed and there were enough staff safely employed to meet people's needs. People's medicines were managed safely, and staff worked in a way that promoted the prevention of infection.

The registered manager had processes in place to learn from adverse events at the service. 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. There was a programme of audits in place to assist the management team to identify and address shortfalls.

Rating at last inspection

The last rating for this service was good (published 5 April 2018).

Why we inspected

This inspection was carried out as the home had not been inspected since the 19 and 20 October 2017. We undertook this focused inspection to check the service was Safe and Well-Led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remains Good. This is based on the findings at this 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 we may inspect sooner.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Joseph's Home – Bristol on our 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?

Good ●

The service was safe.

Details are in our safe 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 - Bristol

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 with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

St Joseph's Home - Bristol is a nursing 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.

Registered manager

The home had a manager in post but they were not registered with the Care Quality Commission. The manager had submitted an application to register with the Commission.

Notice of inspection

This inspection was unannounced.

What we did before inspection

Before the inspection we reviewed all of the information available to us, including any information of concern, notifications and the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make.

During the inspection

The provider of the home is called Little Sisters of the Poor. They are a group of Catholic nuns who are devoted to caring for the elderly poor. The mother of the home was the manager. We refer to the catholic nuns as sisters through the report.

During the inspection we spoke with the manager, one unit manager, human resource manager, one nurse, three sisters, five staff and six people who lived at the home. We observed how staff interacted with people. We considered all this information to help us to make a judgement about the home. We looked at a range of records relating to the management of the home. This included recruitment records, people's care records, infection control practices and quality assurance records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe. One person told us, "I feel very safe here. If I didn't then of course I would speak up." Another person told us, "The staff and the sisters do a great job keeping us safe here."
- Staff had a good awareness of safeguarding, could identify the different types of abuse and knew what to do if they had any concerns about people's safety. Information relating to safeguarding and what steps should be followed if anyone witnessed or suspected abuse was shared with staff. All the staff had received training in relation to safeguarding.
- The manager had alerted the relevant local authority safeguarding teams about any allegations of abuse and worked in partnership with them to keep people safe.

Assessing risk, safety monitoring and management

- People's care records continued to provide staff with information about risks to people and the action staff should take to reduce these. This included risks associated with weight loss, moving and handling and maintaining skin integrity.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular checks to ensure fire safety had been undertaken and people had personal emergency evacuation plans, which informed staff of how to support people to evacuate the building in the event of an emergency.
- Equipment was regularly checked and maintained. This ensured that people were supported to use equipment that was safe.

Staffing and recruitment

- There were sufficient staff on duty to provide the care and support people needed. The registered manager told us that staffing levels were determined in accordance with people's support needs. At the time of the inspection the home had ten beds which were not occupied.
- The manager continued to recruit for care staff as some staff had left health and social care during the COVID-19 pandemic. Staff helped to cover annual leave and sickness. Unallocated shifts were passed to agency staff to help cover.
- The manager had recruited four new staff on sponsorship from another country. They were due to arrive in the country in the next few weeks. We were told the staff spoke good English.
- We received good feedback from people about staffing levels. Comments included, "I think we have the correct numbers of staff. We have no shortages as such. It would be nice to have more permanent staff though." Another person told us, "We have some agency staff here working but they are lovely. Staffing levels

seem good".

- Staff spoke positively about staffing levels at the home. They acknowledged that the manager was recruiting more permanent care staff. Comments included, "We do have enough staff and the agency staff we use are regulars. It does not impact people" and "We have a good team of staff here. We all help to cover shifts".
- Recruitment procedures were safe. For example, pre-employment references were obtained and Disclosure and Barring Service (DBS) checks undertaken. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- The home used an electronic medicines management system. The records we checked showed that medicines were administered correctly and recorded the total of each medicine in stock.
- Each person had a medicine profile. This detailed each item of prescribed medication and the time they should be given.
- Staff that administered medicines had been trained and assessed as competent. The nurse and the manager audited medicines regularly to check people had received their medicines safely.
- The electronic medicines management system helped the manager to maintain good oversight of medicines. The system generated alerts if medicines had not been administered.
- Daily temperatures of the room and fridge were taken and recorded to ensure both the room and fridge remained at a safe temperature.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- People's capacity to consent to care and support had been assessed and recorded. The staff understood that they should seek consent before giving care to people.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The service was open for visiting without any restrictions in place.

Learning lessons when things go wrong

- A system was in place to report, record and monitor incidents and accidents to ensure people were supported safely.
- The manager ensured accidents and incidents were investigated and actions put in place to minimise future occurrences. Lessons learned were shared with care staff to improve the service and reduce the risk of similar incidents.
- The manager ensured incidents and accidents were analysed to identify trends and patterns to reduce the likelihood of their reoccurrence.

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 our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture within the staff team and staff told us they felt supported by the manager. A staff member told us, "The mother (manager) is a good manager and really supportive. We can make suggestions and she listens to us."
- People's care plans and risk assessments had been kept under regular review. Records demonstrated a person-centred approach to the care and support provided for people. For example, staff knew each person's individual choice about how they liked to spend their day.
- People's religious beliefs were respected. Within the home was a chapel where daily mass took place. People had a choice if they wished to attend. People were supported by the staff and sisters to access the chapel.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The home should have 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. However, the manager in place was in the process of being registered by (CQC) and an application had been submitted.
- The management structure at the home provided clear lines of responsibility and accountability across the staff team. There was good oversight of the governance systems in place.
- Regular audits were undertaken by the manager, and any issues were actioned within an acceptable time frame. Audits included of, medication, care records, care reviews, infection control and of the environment.

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

- The management team engaged well with people and staff at St Joseph's Home – Bristol through methods such as surveys for staff, relatives and 'residents'.
- People spoke positively about the manager and staff. One person told us, "Mother (manager) is very caring and approachable. The staff are equally as lovely."
- Effective systems were in place to ensure staff were kept up to date with key messages and updates. Handover meetings took place every shift and provided an opportunity to communicate important information about people's wellbeing. The registered manager told us it also gave the staff the opportunity to share ideas and to say how they were feeling.

- The manager had systems in place to take account of people, relatives and staff's opinions of the home. This included holding regular resident meetings and separate staff meetings.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care; Working in partnership with others

- The manager encouraged candour through openness. The management team and staff were clear about their roles, and understanding of quality performance, risks and regulatory requirements.
- The management team understood their legal obligations, including conditions of the Care Quality Commission (CQC) registration and those of other organisations.
- The manager and provider were committed to ensure a culture of continuous learning and improvement. They kept up to date with developments in practice through working with local health and social care professionals.
- The home worked in partnership with health and social care professionals to ensure people received support to meet their needs. This was evidenced in the records we viewed. Records demonstrated prompt and appropriate referrals had been made to enable people to access health and social services.
- Strong community links had been established by the sisters. They helped to raise money for the home to help with some refurbishment costs