

St Josephs Rest Home

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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 Josephs Rest home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is registered for 26 people. At the time of our visit, 25 people were using the service.

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

Staff understood their role in safeguarding people and how to raise concerns about people's safety. Risk assessments had been carried out to identify any risks to people, when providing care and support. Sufficient staff were available to meet people's needs and a robust recruitment system was in place. Accidents and incidents were recorded in detail and these were investigated by the registered manager to prevent or minimise them from happening again. People received support with their medicine which was managed safely. There were systems in place for the monitoring and prevention of infection.

An initial assessment of people was carried out before they started using the service. Staff had the knowledge, training and skills to care for people effectively. Staff received regular supervision and support to carry out their roles. People had choices during mealtimes and were supported with meals when required. Staff understood and acted in line with the principles of the Mental Capacity Act 2005. People were supported to maintain good health and to access healthcare services when they needed them.

Care was provided with kindness and compassion. Confidentiality of people's personal information was maintained. People were treated with respect and their independence, privacy and dignity were protected and promoted. People received care and support in accordance with their preferences, interests and diverse needs.

People received personalised care and support that was tailored to their individual needs. Care plans were informative and had sufficient instructions for staff on how to deliver care and support to people, in accordance with their wishes. Care plans were reviewed and updated in a timely manner. People were supported to take part in activities within the service and in the community. People maintained relationships with friends and relatives. People and their relatives knew they could speak with staff or the management team if they had any concerns.

People and their representatives felt the service was managed well and staff felt supported. The registered manager operated an open and inclusive culture where people, relatives, staff, and other professionals were encouraged to help improve the service provided to people. Staff were aware of their responsibilities in ensuring the quality of the service was maintained. There were systems in place to monitor the service and address any areas of improvement where needed. Regular audits took place and any issue identified was acted on.

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

Rating at last inspection

At the last inspection the service was rated Good (report published 9 December 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

St Josephs Rest Home

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 1 inspector.

Service and service type

St Josephs Rest home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. St Josephs Rest home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period of notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We looked at notifications we had received from the service. A notification is information about important events, which the provider is required to tell us about by law. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service, 5 relatives, 3 members of staff, the registered manager, and the provider. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. We looked at 4 people's care records, 3 staff recruitment files, medicines administration records, staff rotas, staff training, health and safety audits, incidents and accidents and records relating to the running of the service. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from avoidable harm and potential abuse.
- People told us they felt safe at the service. People were happy with the way staff supported them and did not raise any concerns. One person said, "I am safe here." Another person told us, "I feel safe." A relative commented, "[Family member] is definitely safe in this home. [Family member] will let me know if they were not."
- Staff understood how to keep people safe and report any concerns they had. They had received safeguarding training and were aware on how to escalate any concerns that they might have to external agencies.
- The registered manager was aware of their responsibilities on how to protect people from abuse. They had informed the local safeguarding team of concerns as required.
- Staff were able to explain to us the actions they would take if they witnessed or suspected any abusive or neglectful practice. One member of staff told us, "I will let my manager know about any abuse."
- Details of how to report safeguarding concerns were displayed in the reception area of the service.
- The provider had a whistleblowing policy and this gave guidance to staff on how they could raise concerns about any unsafe practice.

Assessing risk, safety monitoring and management

- Potential risks about people's safety were assessed to ensure they were supported to remain as safe as possible.
- Where a risk was identified, there was guidance in place to address how the risk could be prevented or minimised. For example, one person had a risk assessment for falls due to difficulty with mobilising. This helped to ensure care and support was delivered in a safe way.
- Risk assessments were reviewed and updated to reflect any changes in people's care and support needs.
- The provider had a system to ensure all equipment was maintained and serviced. Records confirmed that checks on the premises and equipment were carried out to ensure the health and safety of people, staff and visitors to the service.
- The provider also had an environmental risk assessment in place which identified potential risks and how to minimise them. However, we noted that 4 of the fire doors did not close fully against the frame. This was discussed with the provider who took immediate action to resolve this.
- A fire safety company visited the service the same day and advised the provider on the action they had to take regarding the doors to ensure they were compliant and people were safe. The doors were adjusted to ensure they closed properly.
- After the inspection, the provider informed us that they planned to change all the doors in the service.

- We noted there were regular fire alarm tests carried out and a fire risk assessment was in place. Staff had received training in fire safety and there were fire drills undertaken regularly. Each person had a personal emergency evacuation plan (PEEP) in place. This helped to ensure people were safe in the event of an emergency.

Staffing and recruitment

- There were enough staff employed by the service to meet the needs of the people and staff recruitment processes were robust.
- People and their relatives told us there were enough staff working at the service. One person replied "Yes" when we asked them if there was enough staff on duty. Any shortfalls, due to sickness or leave, were covered by existing staff. The provider did not use any agency staff.
- We looked at the staffing rota for the past four weeks and found sufficient numbers of staff available to support people with their care needs.
- Some of the staff had worked at the service for a long time. This helped to ensure people received consistent care from staff who knew them well.
- The provider had an effective recruitment procedure to ensure staff had the appropriate skills and experience for the role.
- Staff personnel records showed a number of checks had been undertaken. Checks included staff's previous employment history, proof of identity, written references and criminal record checks. The provider also carried out checks to ensure that staff could work lawfully in the country

Using medicines safely

- The service had suitable arrangements to protect people using the service against risks associated with the unsafe management of medicines.
- People told us they received their medicines as prescribed. One person said, "The staff help me with my tablets." A relative told us, "The staff give [family member] their medicines."
- Staff had received appropriate training to ensure they were competent to help administer medicines. The service had a medicine policy which outlined the safe handling of medicines.
- Medicines administration records (MAR) were completed accurately with no gaps in signatures.
- MAR records were audited to identify any concerns and address any shortfalls and to ensure people had received their medicines as prescribed.
- Where medicines were prescribed to be given 'as necessary,' protocols were in place to explain when these medicines should be given.

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 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.
- Staff were trained in infection prevention and control. They understood their roles and responsibilities in this area to ensure people they remained safe. They were provided with personal protective equipment (PPE), such as gloves and aprons.

Learning lessons when things go wrong

- The provider had systems for the recording of incidents or accidents and this helped to ensure people remained as safe as possible and where necessary, measures were put in place to avoid any repeat events.
- Records showed that accidents and incidents were recorded in detail and these were investigated by the registered manager and action taken to prevent or minimise them from happening again.
- There were procedures for staff to follow in an emergency, such as when to call for an ambulance if a person became unwell.
- We noted staff recently called for an ambulance when a person had a fall and hit their forehead.
- There was always a member of the management team available for advice to staff in case of any emergencies.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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 were assessed before they started using the service.
- The registered manager carried out a detailed assessment of people's needs before they started receiving care and support. This was done with the involvement of the person and/or with their relatives if the person was unable to contribute. This helped to ensure if the service would be able to meet people's needs.
- The assessment included all aspects of care, such as the person's mobility, their nutritional needs, personal hygiene care, medicines and social lifestyle.
- The registered manager also contacted other health and social care professionals involved in people's care and support, to make sure they had the most up to date information on the person.

Staff support: induction, training, skills and experience

- People were supported by staff who had the knowledge and skills required to meet their needs.
- People and their relatives commented positively about how the staff provided care and support. A person told us, "The staff are very nice and doing a good job," One relative said, "The staff know what they are doing, I can't ask for more."
- Staff had completed various training programmes related to their roles, such as safeguarding adults, medicine management, infection control, moving and handling, first aid, and health and safety. One member of staff told us, "The training we receive are good and very informative."
- New staff undertook an induction before providing support to people. This covered a number of areas including training and familiarising themselves with some policies and procedures.
- Staff shadowed more experienced staff until such a time they felt confident to work on their own.
- Staff received appropriate supervision and support which helped to ensure they were able to provide effective care. Staff had regular one to one meetings with the registered manager and a range of issues were discussed, including staff training needs and people's care needs.

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

- People's needs were met by the adaptation of the environment and appropriate use of equipment.
- There were different aids available to ensure people's needs were being met. For example, we noted there was a standing hoist and walk in showers for people who needed to use one.

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 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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager and staff had a good understanding of the principles of the MCA. There were policies and procedures for them to follow.
- People were able to make day to day decisions about their lives. For example, they were able to spend their time as they wished or wear what they liked.
- Staff sought the permission of people who used the service before they carried out any tasks.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to meet their needs. One person told us, "The food is good and can ask for other things(food)." Another person said, "I can ask for food what I like to eat." We noted some people preferred to have traditional foods and dishes from their culture.
- People were offered a choice of meals every day and were able to change their mind when the meal was served.
- Staff knew what people's likes and dislikes were or if they had any special dietary requirements due to their medical condition for example, people who had diabetes.

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

- People were supported to maintain good health and to access health care services and professionals when they needed them.
- The registered manager worked closely with health and social care professionals to monitor the health of people.
- We saw people being referred to other health care professionals such as GPs, when they were not well.
- Staff accompanied people to their health appointments as needed.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives commented positively about the service and the staff. One person said, "The staff are very kind and helpful." A relative said, "The staff are marvellous."
- Throughout our visit we saw staff interacted with people who used the service in a kind and courteous way. People were relaxed in the presence of staff.
- The provider was committed to challenging any form of discrimination it encountered. People were treated equally regardless of their abilities, background, lifestyle, values, beliefs and their cultures were respected.
- Staff had received training in equality and diversity.

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

- People were encouraged to contribute and have their say about the care and support they received.
- People and relatives participated in planning and reviews of the care and support being provided by staff.
- Relatives mentioned they were kept informed about any changes in their family member's health and or well-being. They were able to discuss any issues with the management of the service about their family member's care needs.
- Staff had a good understanding of the care needs of people they supported and were able to tell us what people did and didn't like and what support they needed.
- At the time of our visit 4 people had an advocate. Advocates are trained professionals who support, enable and empower people to speak up.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained.
- Staff understood the importance of respecting people's privacy and dignity. They told us they always supported people in a way, which protected their dignity. For example, when providing personal care, staff covered people and ensured the door was closed and the curtains drawn. This was confirmed by people we spoke with.
- Staff encouraged people to maintain their independence as much as possible, in all aspects of life and daily activity. For example, people were encouraged to dress themselves if they were able to do so. We saw what people were able to do independently was recorded in their care plans.
- People's right to confidentiality was protected.
- Staff were aware of the importance of confidentiality and to whom they could share confidential

information with. One member of staff told us, "We should not talk or share information about the residents to anyone unless they have the right to know."

- Records were kept in lockable cabinets when not in use.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People received care and support that was personalised and responsive to their individual needs and took full account of their background history and personal circumstances.
- Care plans were comprehensive and personalised. This helped to ensure staff had the information they needed to meet people's needs.
- Care plans were informative and gave guidance to staff on how people's needs should be met in accordance with their wishes.
- Staff told us the care plans provided them with enough information to enable them to meet people's needs.
- Care plans were reviewed monthly or more regularly if people's needs changed.
- People's end of life care wishes had been recorded where they were willing to discuss these. These helped to ensure people received the care and support they wanted when approaching the end of their lives.
- Staff had the knowledge and skills to care for people who were approaching the end of their life as they had received training in this area.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and information on how to communicate with them was included in their care plans.
- Some staff were able to speak a number of other languages and this helped them to speak with people who did not speak English.
- Information was made available in accessible format, for example, staff used pictures and sign language to communicate with some people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's social and emotional needs were taken into account.
- People were provided with opportunities to engage with meaningful activities and social interests relevant to their individual needs and requirements.

- Staff were knowledgeable about people's preferred routines. They encouraged people to stay in touch with their friends and relatives.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place and this provided information to people and their relatives about how to make a complaint.
- People and their relatives knew they could speak with staff or the management team if they had any concerns. One person told us, "I will speak with [registered manager] if I am not happy about something." One relative said, "I don't have any complaints or concerns, it is a good care home."
- Complaints were recorded and responded to accordingly. The registered manager had a process in place to review complaints and comments to improve the service.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People, relatives and staff told us they were very happy with the service. They told us the management team were approachable. One person told us, "I am able to talk to [manager]." Another told us, "The manager is alright." A relative said, "I have no concerns as [family member is well look after. The staff are very patient with them."
- The registered manager operated an 'open door' policy. They were in regular contact with people, relatives and staff to ensure the service ran smoothly.
- There were good systems in place for communication between staff and the management of the service. Relatives told us that they were always kept up to date with what was happening with their family members.
- Staff felt supported to carry out their duties, and said that the registered manager was always available to support them in their roles.

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

- Staff demonstrated a clear understanding of what was expected of them. They were aware of their responsibilities and work they were accountable for.
- Staff told us the registered manager was very supportive and listened to their views or concerns. One member of staff said, "The manager is very good, always very supportive."
- The provider had a range of policies and procedures and this gave staff guidance on how to care and support people in a safe manner. Staff were kept informed of any changes in them.
- The registered manager had kept us informed about certain events or incidents, so that we could see the actions they had taken. They had provided with further details if we needed to follow up on any information they had sent to us. All notifications were submitted to the Care Quality Commission (CQC) in a timely manner.

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

- The registered manager encouraged people, their relatives and staff to be involved in how the service was run.
- There were regular meetings for staff where they had opportunities to discuss any issues or share any ideas. A number of areas were discussed during those meetings, such as any changes in people's needs and

training courses staff needed to attend.

- There were also regular meetings held with people who used the service.
- The provider had clear rules with regard to how people should be treated. People using the service were given equal opportunities, regardless of their background, abilities, or lifestyle.

Continuous learning and improving care

- The registered manager had a number of systems to assess and monitor the delivery of care and support.
- There were audits carried out of care records, people's support plans, staff training, infection control and health and safety. If shortfalls were identified, appropriate action was taken, for example, asking staff to complete refresher training if they were not up to date.
- The registered manager sought the views of people using the service, their relatives, healthcare professionals and staff through satisfaction surveys. They then analysed and acted on the feedbacks to improve the quality of the service provided.

Working in partnership with others

- The registered manager had good links with a number of health and social care professionals and this helped to ensure people's needs were fully met.
- Where people required it, the registered manager sought healthcare advice and support for them from external professionals such as GP's. This helped to ensure people's changing needs were fully met.
- People had access to a number of health care services within the community.
- The registered manager regularly visited the CQC website to make sure they were familiar with the regulations and were aware of what was happening within health and social care. They also subscribed to various newsletters within the sector. They also attended regular provider's forums.