Little Sisters of the Poor

St Joseph's Home - Bristol

Inspection report

St Joseph's Home
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Date of inspection visit:
19 October 2017
20 October 2017

Date of publication:
04 April 2018

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

This inspection took place on 19 and 20 October 2017 and was unannounced. The previous inspection was carried out on 6 September 2016 and there had been several breaches of legal requirements at that time. We rated the service requires improvement in the key questions which included, safe, effective and well led. The service was rated good in caring and responsive. We found at this inspection significant improvements had been made since the last inspection. The registered manager had submitted an action plan to the Commission so that we could monitor the improvements made.

St Joseph's Home provides accommodation for people who require nursing or personal care for up to 42 people. At the time of our visit there were 36 people living at the service.

There was a registered manager 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 of the Health and Social Care Act 2008.

People were protected from abuse because staff understood how to keep them safe, including understanding the processes they should follow if an allegation of abuse was made. All staff informed us concerns would be followed up if they were raised.

Appropriate numbers of staff had been deployed to meet people's needs and keep them safe. Staff had attended training relevant to people's needs and they had received effective supervision from the management team.

Effective recruitment procedures were in place to check that potential staff employed were of good character and had the skills and experience needed to carry out their roles.

Risk assessments were in place to mitigate the risk of harm to people and staff.

People received their medicines when they required them and in a safe manner. Staff received training and guidance to make sure they remained competent to handle people's medicines.

The home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff had received appropriate training, and had a good understanding of the Mental Capacity Act 2005 (MCA) and the DoLS. Staff had the right skills and training to support people appropriately.

People told us they enjoyed the food at the service. They were offered a choice of meals which were appropriate for a balanced diet.

Staff knew the people they supported and offered care in kind and compassionate ways. People's dignity

was maintained and staff gave people the time they needed when speaking with them. People were supported to maintain their independence.

People were encouraged and supported to engage with activities that met their needs. People accessed their local community independently and with the staff.

People were supported and helped to maintain their health and to access health services when they needed them.

Effective systems were in place to enable the provider to assess, monitor and improve the quality and safety of the service.

The registered manager promoted an open and inclusive culture within the service. People and their relatives felt the service was well managed.

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 now safe.

New staff were recruited safely with the appropriate pre-employment checks carried out. There were sufficient staff to meet people's needs.

Risk assessments were reviewed and updated to take account of changes in people's needs. Risks associated with people's wellbeing were being managed.

Systems were in place to manage infection control and prevention.

There was evidence of learning from accidents and incidents.

People's medicines were managed safely.

Is the service effective?

Good

The service was now effective.

Staff were provided with a regular programme of training, supervision and appraisal for development and support.

Before providing care to people, the provider ensured they obtained people's consent, where possible. They followed legal requirements where people did not have the capacity to consent.

People enjoyed a choice of food and were supported to eat and drink.

Is the service caring?

Good

The service remains caring.

Is the service responsive?

Good

The service remains responsive.

Is the service well-led?

Good

The service was now well-led.

The provider's quality assurance enabled them to identify and address areas for improvement within the service.

There was clear leadership and management of the service which ensured staff received the support, knowledge and skills they needed to provide good care.

People and their relatives were able to share their views and these were used to drive improvements and develop the service.

St Joseph's Home - Bristol

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, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 19 and 20 October 2017 and was unannounced. The previous inspection was carried out on 06 September 2016 and there had been several breaches of legal requirements at that time. We rated the service requires improvement overall. We found at this inspection improvements had been made since the last inspection.

The inspection was carried out on day one by two inspectors. On day two the inspection was carried out by one inspector.

Prior to our visit we asked for a Provider Information Return (PIR). The PIR is information given to us by the provider. The PIR also provides us with key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with other information we held about the home. This included notifications we had received from the service. Services use notifications to tell us about important events relating to the regulated activities they provide.

We contacted seven health and social care professionals as part of our planning process and invited them to provide feedback on their experiences of working at the service. We received a response back from two of them.

Some people were able to talk with us about the care they received. We spoke with 14 people who lived at the home. We also spoke with the relatives of two people. We sat and carried out observations of other people who were unable to communicate.

We spoke with seven staff, including the deputy manager, lead nurse, administrative staff and care staff. We also spoke to two volunteers.

We looked at the care records of three people living at the service, six staff personnel files, training records for staff, staff duty rotas and other records relating to the management of the service. We looked at a range of policies and procedures including, safeguarding, whistleblowing, complaints, mental capacity and deprivation of liberty, recruitment, accidents and incidents and equality and diversity.

Good

Is the service safe?

Our findings

At our last inspection on 6 September 2016 we found people were not always kept safe as recruitment procedures were not always followed. We found that four out of the five files did not contain two satisfactory written references as described in the provider's policy. Some files we viewed only contained one reference and one contained no references at all. Some references had not been sought or followed up. We also found that care records in relation to nutritional risk were not consistent and were not accurate.

At this inspection we found a great improvement had been made. The recruitment of staff had been delegated to one member of staff who worked in the administration office. This was to ensure a consistent approach was followed. Staff confirmed that recruitment checks were completed to ensure they were suitable to work with people. We looked at staff recruitment records. We found recruitment practices were safe and the relevant checks were completed before staff worked in the service. A minimum of two references had been requested and checked. Disclosure and Barring Service (DBS) checks had been completed and evidence of people's identification had also been obtained. A DBS check allows employers to check whether the staff had any convictions which may prevent them working with vulnerable people.

Care records had been updated and contained essential information relating to managing the risks of people's health and wellbeing. We found the risks associated with people being fed via percutaneous endoscopic gastrostomy (PEG) (feeding via a tube into the stomach) had been reduced. Clear protocols were in place which were regularly reviewed and reflected people's current needs.

People and relatives told us they felt the service was safe because the building was secure and staff were "vigilant". Entrances and exits of the building were monitored 24 hours a day by surveillance cameras. One person said, "I do feel safe living here and the staff work hard to keep us safe". Another person told us, "I can come and go as I please here. It is nice to know though if I need assistance I can just ask". One relative said, "I feel the staff do their best to keep people safe. They are always around to check on people".

Staff were able to explain the signs of abuse and could tell us how they would report their concerns. Staff had received training in safeguarding. Senior staff understood their responsibilities and had made referrals to the local authority where concerns had been identified. This showed that the staff understood how to safeguard people from abuse and people were protected from the risk of harm.

Risk assessments were in place that were regularly reviewed and evaluated in order to ensure they remained relevant, reduced risk and kept people safe. The risk assessments included risks specific to the person such as for mobility, nutrition, personal safety and pressure area care. For example, we observed staff moving residents in wheelchairs and using moving and handling equipment. These were all used safely with the correct equipment, reflective of risk assessments. Staff could describe how they supported people to keep them safe from harm. For example they could describe how people with behaviour that challenged were supported and we saw the risks for people had been assessed and planned for.

People were living in a safe, well maintained environment. The provider employed maintenance staff to

ensure the premises were well maintained and safe. There were systems in place to ensure any maintenance needed was responded to promptly. There were service contracts to maintain equipment, undertake water sampling to test for the presence of legionella and for gas and electrical safety checks. We found fire safety checks were carried out; people had individual personal evacuation plans which staff understood to ensure people could be safely evacuated in an emergency. The provider had an infection control policy in place that was available to all staff. We saw that staff followed hand washing regimes and used protective gloves and aprons when assisting people with personal care.

A record of all incidents, accidents and untoward events was held, with evidence that these had been analysed by the registered manager and appropriate action had been taken to reduce the risk of recurrence. Where required, people's risk assessments were updated to reflect any changes to their care as a result of these so they continued to have care that was appropriate for them.

Medicines systems were well organised and people were receiving their medicines when they should. Medicines were managed safely. We observed the medicines round being carried out by trained staff. The nurse administering the medicine checked people were happy to have their medicines, didn't rush them and waited until they had swallowed their tablets before signing the medicine administration record (MAR). Medicine profiles were in place for each person. Medicines were stored safely, including controlled medicines. Stock levels were checked regularly. When medicines were no longer required, they were disposed of safely by the local pharmacy. Clinical room temperatures were monitored as were fridge temperatures. This meant that staff ensured medicines were stored within recommended temperature guidelines

There were enough staff to support people's needs. Staffing levels at the service were regularly reviewed to ensure people were safe and received the support they needed. Staffing levels were assessed dependent on people's support needs. Staff we spoke with told us there was sufficient staff to meet the needs of the people living at the service. On both days of our inspection we found the service had enough staff on duty. We observed that staff were available to meet the needs of people living at the service and that calls bells were answered promptly.

We received good feedback from people living at the service regarding staffing levels. One person told us, "I think there is plenty of staff here. The sisters are also here to help us if we need anything". Another person said, "Yes, staffing is very good and seems consistent". One relative told us, "There are certainly enough staff here. The staffing levels seem really good and I can always find the staff when I need them".

Good

Is the service effective?

Our findings

At our last inspection on 6 September 2016 we found people did not consistently receive effective care because care records did not always contain enough guidance on how to support people around their nutrition and hydration needs. In addition, information was not always accurate and up to date.

At this inspection we found a great improvement had been made. Care records contained comprehensive information regarding people's nutrition and hydration. Food and fluids charts were accurately completed and recorded people's daily nutritional intake within a 24 hour period. Nutritional assessments had been completed which gave an indication of people's risks of being malnourished. The relevant guidance was available for staff to ensure they understood the importance of ensuring people were sufficiently hydrated and how to achieve this. Staff told us they would report any concerns to senior staff if a person was not eating or drinking enough. We observed drinks were placed within people's reach and were available for people to help themselves, in addition to staff offering people drinks.

Staff went out of their way to make mealtimes a positive and sociable experience for people. They understood the importance of people's meal time experience, as a way to promote their health and well-being. The dining tables were presented with table clothes, daily menu and cutlery to encourage people to want to sit down and enjoy their meal. We observed the atmosphere at meal times was calm and relaxed and it was very much a social occasion with people talking to each other. Relatives and volunteers were encouraged to join people for lunch. The food was freshly cooked and looked appetising and nutritious.

People received effective care from staff that had the knowledge and skills they needed to carry out their roles and responsibilities. New staff underwent an induction which included spending time with other experienced staff; shadowing them to enable them to get to know the people they were supporting. We were told new staff also worked through the Care Certificate as part of their induction. The Care Certificate identifies a set of care standards and introductory skills non regulated health and social care workers should consistently adhere to. Records showed that staff had attended relevant training courses to support them in their role. Training completed by staff included, first aid, infection control, fire safety, food hygiene, dementia care, nutrition, pressure care, safeguarding vulnerable adults and moving and handling.

There was evidence of regular team and individual meetings where the staff had opportunities to discuss their views. Staff told us they received supervision and appraisals and that they were able to discuss areas for development, reviews of performance and delivery of care. There were also annual appraisals for the staff. Staff confirmed that they were given opportunities to develop and learn new things.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection no applications had been authorised by the local authority. Records confirmed a further nine application forms had been submitted and were awaiting assessment by the local authority. These were submitted as some people could not freely leave the service on their own, also because people required 24 hour supervision, treatment and support from staff. The DoLS provide a legal framework and allows a person who lacks capacity to be deprived of their liberty if done in the least restrictive way and it is in their best interests to do so.

Staff confirmed they had received training on MCA and DoLS and knew how this impacted on their day to day roles of caring for people. People were encouraged and supported on a daily basis to make decisions about their care. Information in people's care records showed the service had assessed people in relation to their mental capacity. Staff understood their responsibilities with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, they respected these.

Good

Is the service caring?

Our findings

People and relatives spoke very highly of the care and support they received. People told us, "The staff are just so lovely here. I am blessed to have such good care given to me". Another person told us, "I feel very well cared for here. The sisters and staff are fabulous and all have a lovely caring nature". Relatives told us, "I am really pleased with the care my uncle receives. They know him very well and how he likes to be cared for", "The care given to people is of a very high standard". Relatives and staff told us they would recommend the service to friends and family. Some relatives who had loved ones had passed away remained volunteers at the service. We spoke with one volunteer who approached us to tell us how the service had given her parents "superb care" when they were alive. They told us they wanted to keep a close connection with the service and therefore volunteered their time.

Professional's made the following comments, "I have worked with St Josephs for many years now and feel they are a very loving and caring care home", "All in all I think they offer a homely, comfortable care home for the elderly" and "I would say that St Joseph's strives to provide a caring environment for their residents. They demonstrate respect and regard for both residents and their families. It is a very caring environment whenever I have visited".

People's dignity and privacy was respected by staff. We observed staff closed doors when providing personal care to people. We observed one person required a wound dressing to be changed. The person was sat in a communal area around others. A staff member asked the person if they could return to their room to have this changed in private. We also observed staff helping a person to transfer to a chair in the lounge. Staff were careful to ensure the person's clothes did not ride up and compromise their dignity during the transfer. Staff supported people to maintain their personal appearance and people wore clean, matching clothes which were appropriate for the season. Hairdressers visited the service each week to help people maintain their appearance. The service had a fully equipped hair salon.

People had been encouraged to personalise their rooms and to make them as homely and comfortable as possible with, for example, pictures, ornaments, photographs and flowers. There were quiet areas where people could spend time away from the communal areas, other than in their rooms. We saw people enjoyed making use of these areas on their own and with their visitors. The service had its own church which could be accessed via the downstairs corridor with a balcony are on the second floor. People could attend mass if they wished. For those people who were unable to attend due to illness or frailty they were able to watch mass live on their own televisions. Those people who did not share the same faith they were supported by staff to maintain links with their local church.

Staff understood the best ways to communicate with people. We observed when staff spoke with people they knew how to adapt their speech to aid communication, for example, using repetition and checking they were understood for a person with dementia. At lunchtime staff showed dishes of the available meals to people so they could more easily indicate their preferred choice.

People were encouraged and supported to be as independent as they wanted to be. Some people who lived

at the service had their own vehicle and would come and go as they pleased during the day. People were encouraged to attend health appointments with the sisters or on their own. The service operated a drop off and pick up service which could be planned in advance or at short notice. We observed that people often used this service. Staff confirmed they encouraged people to continue to do some things for themselves, such as make drinks in the kitchenettes situated within the service. Some people chose to wash and iron their own clothes with a separate laundry room available for them to use. The service had its own shop on the ground floor which was open at set times each day. People were encouraged to visit to shop to purchase personal items which helped them maintain their independence.

People were able to receive visits from relatives and friends at any time. A relative told us, "We're always greeted by the reception staff or by one of the sisters". People were able to receive visitors in their rooms or in any of the communal areas, including the quieter areas around the home.

It was evident the service went the extra mile in caring for people and strived to make sure people were happy and comfortable in their own home. The senior nurse told us how each night one of the sisters went round to peoples rooms each night to say good night to them. They also checked if people were comfortable and if they needed anything.

The service provided a high standard of care to people with palliative and end of life care needs. They supported families through difficult conversations and offered support to bereaved families. At the time of our inspection the service were not supporting any person with end of life care. The senior nurse told us they discussed how people wished to be cared for at the end of life on admission to the service to ensure they respected people's wishes if they became unwell. They told us if a person was receiving end of life care, last rites could be given by one of the fathers if they wished. A volunteer of the service told us that people were cared from the minute they arrived at the service until they died. Some people had chosen to have their funeral at the service. We were told how one person was given a military send off and salute from staff.

The sisters helped support people during the day time to provide assistance. We were told by the lead nurse that if a person was unwell or receiving end of life care the sisters offered to sit with the person during the day or night with their consent.

Good

Is the service responsive?

Our findings

People told us they were listened to and the staff responded to their needs and concerns. People had access to a range of activities and could choose what they wanted to do. One person told us "I like to take part in activities but also like to spend time reading "I can pick and choose if I want to take part in activities. It depends on how I am feeling".

Staff were knowledgeable about the needs of people they looked after. The senior nurse and staff were able to tell us about people's care needs and about the level of support people living at the service required. It was clear that the staff had detailed knowledge and a good understanding about peoples preferred routines, behaviours and how best to support them. An example being one person liked to have breakfast in there room each morning. They liked to take their time getting ready each day. Another person liked to go out to meet associates most days.

People's care and support was set out in their care plan which described what staff needed to do to make sure personalised care was provided. This enabled staff to deliver personalised care. The assessment considered all aspects of a person's life, including their likes, dislikes, hobbies, social needs, dietary preferences, health and personal care needs. Records confirmed peoples significant others had been contacted when people's needs had changed, for example if a person had become unwell or they had suffered a fall. Relatives confirmed they were always kept informed about their relative's health, especially when there had been a change.

Care records evidenced referrals had been made promptly to a range of health professionals when people's needs had changed or they had become unwell. This included doctors, nutritionist and district nurses. Some people living at the service required support from the nursing staff to their manage catheter care and percutaneous endoscopic gastrostomy (PEG) tube care. Records confirmed professionals were contacted promptly if the staff had any concerns. Some people were able to arrange their own health care appointments. Relatives told us the staff responded quickly to any changes in their family member's health, and sought assistance from external healthcare professionals where required.

People were offered a range of activities and the weekly activities programme was displayed on noticeboards around the service. The service employed a full time activities coordinator. We spent time in the communal areas of the service such as lounge areas, dining room, activity room and the library. We observed people taking part in arts and crafts sessions in the craft room led by a volunteer. Some people chose to go out with family and friends whilst others chose to read or socialise with others. After Mass tea, coffee and biscuits were offered to people in the dining room which was very much a social event where people could spend time with friends and family. The local community were also able to attend mass with many of them visiting the service for a number of years.

People and their relatives told us they had no complaints about the service. People had information which guided them on how to make a complaint about the service. People told us "I have no complaints. I am very happy". Another person told us, "No I have no complaints". Relatives told us, "I am really happy with the care

X receives. I visit at different times and have never had any problems with his care". The service had a detailed complaints policy in place, this clearly explained the complaints process to follow. This included how to make a complaint, who to complain to, expected time scales for responses and investigations. We were told the service had an open door policy whereby people could access them easily. The senior nurse told us the service had not received any formal complaints.

Good

Is the service well-led?

Our findings

At our last inspection on 6 September 2016 we found quality assessments were not consistently effective in identifying and achieving improvements needed. A survey had been conducted in February 2016 for people, relatives and health professionals. Overall the results had been positive however we found comments that were less positive which may have benefited from further follow up had not been investigated.

At this inspection we found improvements had been made. There was a robust quality assurance system which identified how the service performed, areas that required improvement and areas where the service performed well. The service used a range of areas to identify service quality. These included audits of staff files, care records and medicine recording. Quality assurance audits were carried out by the services development advisor. The last audit was undertaken on 8 August 2017 and focussed on the environment. This had identified actions for the registered manager to complete. This included a deep clean of the extractor. A previous audit carried out on 6 June 2017 focussed on staffing and had identified 79 % of staff had achieved an NVQ or diploma. As an action from the visit the audit highlighted a slippage in formal supervision of staff and an action plan was put into place to address this issue.

Annual questionnaires were circulated to people and relatives and professionals gain their views. The latest questionnaires were circulated in March 2017 with mixed feedback. Comments included, "A wonderful place. Caring and compassionate", "Mum is happy and feels this is her home", "Staff are very good and professional", "I would prefer painted walls" and "Not enough staff to make mum walk everyday". An action plan was in place to respond to negative feedback with evidence that appropriate action was taken.

People using the service told us they felt comfortable approaching the manager. Comments included "The manager is very nice and if I need anything I can speak to them", "I feel I can talk to the manager, nurse's and staff. They are all approachable". Staff we spoke with told us they also found the registered manager approachable. Comments included "She is very kind and supportive", "If I need anything I know I can speak with her or the nurse's".

Professional comments included, "I do feel there has been a huge improvement in recent months, I enjoy working alongside St Josephs a great deal". One professional felt in recent years there has been some difficulty around leadership. However they felt this had improved with a new clinical lead nurse in post.

The registered manger was aware of their responsibilities to the commission and had notified us of the type of events they were required to. Staff told us they enjoyed working in an open and transparent culture and said concerns would be listened to and acted on. The registered manager promoted a clear vision of the service which staff shared.

Records showed staff expressed their views of the service at meetings which were held regularly with the staff team. There were records of regular team meetings and staff were able to comment and make suggestions of improvements to the service. The minutes from meetings showed a range of areas were discussed including what was working well, not working well and information about the changes and

developments within the service. The service aimed to set up staff forum meetings in the near future to provide feedback to the registered manager on how things were for staff.