

# Forest Pines Care Limited

# St Joseph's Nursing Home

## 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 Joseph's Nursing Home provides personal and nursing care for up to 41 people of all ages. They were providing care for 36 people at the time of the inspection.

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

The service was safe, and people were protected from harm. Staff were knowledgeable about safeguarding adults from abuse and knew what to do if they had any concerns and how to report them. Risk assessments were thorough and personalised.

Staffing levels were meeting the needs of the people who used the service and staff demonstrated they had the relevant knowledge and skills to support people with their care. Safe recruitment practices were in place. People's medicines were managed and administered safely. The service was clean and infection control procedures in place and lessons were learnt when things went wrong.

The service was effective. Training was provided on a regular basis and updated. People were supported with maintaining a balanced diet and enjoyed the food provided. Staff liaised well with health professionals to ensure people were kept as well as could be.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and their family members told us staff were caring and kind. They said they were involved in discussions about their care. People were treated with respect and their privacy and dignity protected.

Care plans were detailed and contained relevant information about people who used the service and their needs. People had access to a range of individual and group social and leisure activities which they enjoyed. Concerns and complaints were listened to and fully investigated. People were well looked after at the end of their life.

The service was well led by an established and experienced management team and consistent team of staff. Staff were well supported and spoke highly about working for the service. A quality assurance process was in place which ensured the service was safe and met the requirements of the law.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection. The last rating for this service was Good. (19 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

## Follow up

We will continue to monitor the information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 effective?**

Good 

The service was effective.

Details are in our effective findings below.

### **Is the service caring?**

Good 

The service was caring.

Details are in our caring findings below.

### **Is the service responsive?**

Good 

The service was responsive.

Details are in our responsive findings below.

### **Is the service well-led?**

Good 

The service was well led.

Details are in our well led findings below.

# St Joseph's Nursing 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 Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector, a specialist professional advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our Expert by Experience had cared for someone who had used this type of service.

#### Service and service type

St Joseph's Nursing Home is a 'care 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.

The service had 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We looked at information received about the service. This included updated information from the joint work with the Clinical Commissioning Group (CCG) and Medicines Optimisation Team. The provider submitted a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection-

We spoke with four people who used the service and eight relatives about their experience of the care provided. We observed interaction and daily activity of the service. We spoke with ten members of staff including the registered manager, deputy manager, chef, administrator, two nurses and four care staff.

We reviewed a range of records. This included four people's care records and an additional four people's medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate the evidence found. We looked at improvements and maintenance plans and records we had requested from the registered manager.

# 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 told us they felt safe with the staff that supported them. One person said, "I have no worries because everyone is so helpful and supportive." Another told us, "I'm perfectly comfortable and happy. Everything's here for me. They'll come quickly if I ring for help. They pop their heads round the door to check on me."
- Staff were confident if they raised any concerns with the registered manager they would be dealt with correctly. One staff member said, "I would have no worries about telling the manager about anything that doesn't seem right."

Assessing risk, safety monitoring and management

- Risk assessments had been completed which covered a range of topics, such as, bed rails, moving and positioning, falls and pressure care. One family member told us, "[Relative] has settled in well. They've already got a pressure mat in case they fall out of bed and the bed itself can be lowered." Another said, "They are attentive and supportive. They have sides on their bed and all is good."
- Health and safety and environmental risks had been assessed and action had been taken to keep people safe. An ongoing plan of improvements for the service was in place.
- Information about people's needs in the event of emergencies, such as personal evacuation plans was available to staff and the emergency services.

Staffing and recruitment

- Staff told us there were enough of them on shift to meet people's needs safely. One told us, "We all work together and it's nice that we know each other and the people who live here." We saw the staff respond to people in a timely manner. One family member said, "I watch the staff at work and how they communicate with people, so I know [relative] is in good hands. When I leave, I don't worry one bit." Another told us, "I feel fine about leaving [relative]. The place runs well and there seem to be enough staff. They look in on them every so often."
- Relevant checks were carried out before the staff started work. These checks included identification, references and a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check an applicant's police record for any convictions that may prevent them from working with vulnerable people.

Using medicines safely

- People got their medicine at the right time and in the right way. One family member said, "[Relative] always gets their medicine on time."
- Medicines were managed and administered safely. Records showed that medicines were received, stored, checked and dispensed well. Regular audits were undertaken to ensure people were receiving their

medicines safely and correctly.

- The service had involved and taken advice from specialist advisors to improve the management and administration of the medicines system.
- Nursing staff had been trained in administering medicine and had been assessed as competent to give people their medicines as prescribed. We observed a staff member giving people their medicines and following the correct process. One person said, "The staff who give the tablets are really friendly."

#### Preventing and controlling infection

- On the days of the inspection, we found the service to be clean and odour free. One person said, "There's no smell in here." A family member said, "The place runs well and everywhere is clean."
- Staff had been trained in infection control and we saw staff adhering to the single use of disposable gloves and aprons correctly.

#### Learning lessons when things go wrong

- The registered manager recorded, reviewed and investigated safety incidents and accidents to prevent them from happening again. These were shared with staff so that lessons could be learnt, and processes improved as a result. For example, staff had cleaned the room of a person too quickly after they had passed away. The registered manager said, "Staff were very upset and sorry that they had made this error of judgement. We have reinforced their awareness of the appropriate time frames for room cleaning and clearing and the impact that the wrong decision can have on relatives and friends."

# 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

- An assessment of people's needs was carried out before they had moved in. However, when the hospital discharged people on what is known as a 'fast track' as they required end of life care, staff responded quickly to ensure the person settled in well, their needs assessed and choices and preferences known.
- The registered manager kept up to date with standards and current good practice guidance. For example, they were aware of the new guidance on oral health and had booked staff on training to ensure they were able to provide people with good oral health care.

Staff support: induction, training, skills and experience

- People told us they thought the staff were well trained and knew their job. One person said, "The staff know what help I need and they seem to know before me!" A family member told us, "Staff know [relative] well and the issues that they have. They know to thicken their drink and to sit them up with a pillow either side." Another said, Staff are very competent in their knowledge in supporting people."
- An induction process provided staff with an understanding of health and safety and shadowing other members of staff until they were competent to work with people. Staff undertook the Care Certificate which is a minimum set of standards that health and social care workers adhere to in their daily working life. One staff member said, "I was really welcomed and got on quickly with people. I soon learnt the ropes."
- Staff had been given training in the subjects necessary for their role. They were also provided with specialist training as required. This included dysphasia and swallowing difficulties, percutaneous endoscopic gastronomy (PEG) and catheter care.
- Staff had regular supervision and annual appraisals which detailed their performance and learning needs. They had their practice observed to make sure they were competent in their role. One staff member told us, "There is always someone to go to ask, check things out. We are told that nothing is too small to mention and record, as everything we do is important."

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

- People told us they had enough to eat and drink and they liked the food offered. Comments included, "The food was tasty", "Excellent and it's generally something I like", "Always looks warm and tasty" and, "[Relative] likes their custard and crumble separated so that's how it comes."
- People's specific needs and food preferences were known by the chef. This included people needing food textured because of risk of choking and those who didn't eat meat. The chef told us, "I compile a list of everyone's likes and dislikes. I have some people who don't like certain vegetables for example and I'll try to ensure they don't get what they don't like."
- Food and fluid charts were completed and changes to people's needs and eating habits were monitored.

This enabled staff to provide effective care as needed.

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

- There was evidence that the staff were working closely with various health and social care professionals, including the CCG regarding effective medicines management, good liaison with the GP surgery and mutual respect and joint working with the palliative care team.
- People's care plans were updated as and when their needs changed. Records showed that good liaison meant that the service provided individualised care based on people's wishes. One person we learnt about, was admitted for end of life care and was very frail with only short weeks to live. However, they improved and expressed a wish to go home. Services worked together so that they could return home with a care package in place and spend the remainder of their life with their [relative] at home.

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

- People had good size bedrooms which were personalised with photographs and ornaments. These offered them space to meet with family as most people spent time in bed or in their room.
- There was an ongoing maintenance plan for the internal refurbishment of the bedrooms and lounge areas. Over the past year, a lounge room had been built to provide additional space for people and their families.
- The building was an old manor house and had been adapted and expanded over time. Due to the layout of the building and its age, some parts had narrow corridors, steps and changes in gradient. The use of it was managed effectively. The registered manager told us "We are very conscious of the needs of people who we allocate to certain areas of the building, for example, those who cannot mobilise or do not have any risk of falls. Staff are allocated to ensure adequate cover is maintained in all areas of the building."

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 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.

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.

- Where appropriate, mental capacity assessments had been completed and covered a variety of different areas such as the use of bed rails, flu vaccinations, providing personal care and administering medicines.
- Applications had been made to the local authority, if any restrictions on people's liberty were being imposed. Some we saw had been authorised, whilst others were waiting to be approved. The registered manager was proactive in ensuring applications were completed, in a timely way.
- People or their representatives, such as a Lasting Power of Attorney, had given their consent to people's care and treatment and was recorded within their care plan.

# 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 family members told us that, "Staff are all so kind and I find I can talk to them", "People are the staffs absolute priority", "I can laugh at things with them", "They really seem to enjoy their work, it's impressive, they are so patient" and, "Staff are lovely with [relative] and with me and it's the same for all visitors from what I can see."
- We saw that when staff were talking, assisting and supporting people they spoke in supportive tones, ensuring people were comfortable with whatever task was being undertaken. They were attentive, calm and encouraging. Staff were diligent in their duties and clearly understood their responsibilities. They worked as a team, supporting each other when requested to do so.
- Staff were knowledgeable about people needs, preferences and personalities. They treated people as individuals and met their diverse needs. One person told us, "Staff are wonderfully kind. They work together to support me. They are very respectful and are decent people. They definitely do this job because they want to. They spoil me rotten and we laugh and joke together." A family member said, "The staff know [relative]. They are not just anyone to them and they know everything about their likes and dislikes and they'll tell us how they are doing."

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

- People and their families were involved in their plan of care. They told us they were informed about any changes and kept up to date. One family member said, "I can talk to the staff and explain what [relative] is thinking and saying. They take it on board." Another told us, "Staff acknowledge me and chat as well. They are a dedicated bunch." A third said, "I am recognised by the staff and included in talking about [relatives] care."

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was respected. Staff knocked on people's doors before entering and called people by their preferred names. One person told us, "A while ago I wasn't so comfortable with a member of staff and told the manager and now that staff member is nicer to me. Another used to knock and walk in without waiting and that's also stopped. Overall staff are respectful, and my dignity is maintained."
- People's personal care needs were met and they looked comfortable and well-presented. One family member said, "[Relative's] dignity is maintained. They look presentable and is well shaven." Another said, "If I need something and a staff member walks past, they'll come straight in and assist. [Relative] needs moving every so often and it's always done as it should be."
- People's independence was supported, and staff encouraged people to do what they could for

themselves, or if they physically couldn't, to remain in control of the things they could. One person said, "This is a good place to be, I'm happy."

# 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; 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 received personalised care that was responsive to their needs. One family member said, "The staff were watching my [relative] and they asked if they could dress them better in the mornings because they said they were uncomfortable. I was impressed that they wanted to try another way to make it easier for [relative]."
- People's care plans were person centred and detailed, covering key areas such as people's physical, mental, emotional and social needs to support staff in knowing the person.
- Changes in people's health or care needs were quickly communicated and updated in their care plans and through staff hand overs.
- There were a range of group and individual activities. Family members and friends were actively encouraged to visit and participate. The monthly newsletter was bright and accessible, and people's interests were recorded and activities planned around them. People also accessed the community for example, one person attended a bowls group and another a Thai Chi class.
- People from the community were involved in the service including entertainment, singers, the local school and Brownies club, animals such as owls, pat dogs and goats. One relative told us, "There was singing yesterday, and I noticed how animated some people were when they usually sit and don't show any emotion. I know there are things going on such as arts and crafts, a bake off and school visits. The staff are going to do a nativity for them. They offer pedicures and haircuts. It feels to me like there's a decent number of events going on."
- Some people told us they would like more time spent with them individually. One person said, "There's nothing really for me to do and I find it difficult to communicate with other people, so I get bored. I do enjoy people coming in like singers." Another said, "I do get bored because there's not enough to do, but I am self-contained and solitary. They have taken me outside in the garden in my wheelchair."
- We looked at the records of daily activities and one to one sessions with people. It was difficult to see the outcomes for people and how much satisfaction they were getting from the activities on offer. Unfortunately, both activities coordinators were off on the day of the visit and no replacement had been organised. The registered manager agreed that the records could be more organised, and outcome focused. They would review with the activities coordinators the way the social and leisure programme was organised and recorded, especially for those in their rooms and/or at the end of their life.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are

given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs including any sensory impairments had been identified with guidance in place for staff to follow to help people express their views. One person used the talking books service although they told us it was difficult to use. We asked the registered manager to investigate this and resolve this for the person concerned.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place and people knew how to complain should they wish to.
- The registered manager kept a record of concerns and carried out an investigation when complaints had been made.
- The managers had an open-door policy and family members could talk about their views and concerns with them in an informal way.

#### End of life care and support

- The service provided good end of life care to people. The service had received many compliments about the care their family members had received. "If [relative] was the richest person on earth, they could not have had better care, you are all angels" and, "Just by entering the home you are enveloped in a sense of loving care."
- Detailed information surrounding people's preferences at the end of their life was discussed with them and their family members and recorded so that clear guidance was available for staff.
- Care plans had information about decisions people had made about their preferred place of care and where appropriate, a Do Not Attempt Cardio-pulmonary Resuscitation (known as a DNAR) was in place. A DNAR is a way of recording the decision a person, or others on their behalf had made that they were not to be resuscitated in the event of a sudden cardiac arrest.
- Anticipatory medicines were in place where needed and available should a person be in pain or discomfort. Staff responded to people and their families in a respectful, compassionate and attentive way.

# 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, their family members and staff spoke highly about how the service was managed. One family member said, "The service runs really well and I can't complain about anything. I fully recommend this place."
- The management team were visible and approachable. People told us, "I have spoken with [registered manager] and they have been very helpful", "Everything seems to go smoothly" and, "I have a good relationship with the managers and nurses. All the office staff are lovely and seem to communicate with each other."

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

- The registered manager and deputy were open and transparent about making ongoing improvements to the service. They had worked with the CCG in relation to medicines management which had now been put in place.
- The service sent notifications to CQC as required by the regulations about specific incidents that occurred at the service. Safeguarding concerns were raised and dealt with in a timely way, with lessons learnt put in place from the outcomes.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager was clear about their role and responsibilities. They were supported by a deputy, administrator, nurses, care, housekeeping and maintenance staff.
- Staff carried out their roles and responsibilities well. They told us they felt well supported and there was a team spirit. One staff member said, "It's a great place to work, warm, caring and staff want to work here." Another said, "There is good communication between staff, there is respect and we all try to do our best, a very good team and I am happy here."
- We saw evidence of staff competency checks being carried out and regular audits to help the registered manager identify areas for improvement and any patterns or trends.
- The management of the care files needed some improving. They were difficult to manage for staff as they held too much information and some information was hard to locate. Also, the 'blue books' (daily notes) we saw were dirty, torn and untidy and the deputy manager agreed that they would be replaced so that

information about people was kept respectable.

- The registered manager told us, all records would be transferred to a computerised care planning programme in January 2020 making it easier to access, record, audit and oversee the quality of the service. As this system was to be implemented imminently and people's information transferred, we are assured that action is being taken around the management of records.
- There was a quality assurance process in place. We saw a range of daily, weekly, yearly audits which had been checked by the deputy and registered manager to ensure the service was safe and had effective oversight. The service improvement plan was comprehensive and provided an overview of actions, improvements and future development.
- People and their families were able to express their views about the service. With the implementation of the new system, we spoke with the registered manager about the opportunity to involve people and their family members more in the reviews of their care arrangements. This, they agreed, was an opportunity to record their views and wishes in a more formal way.
- Despite offering meeting dates to meet as a group, the registered manager told us people and their families had expressed a wish to have one off meetings with an update from the registered manager rather than try to get to regular meetings. We saw this year and last year's record of these meetings had taken place.

#### Working in partnership with others

- We saw good liaison and partnership working between a range of organisations including the palliative care team and GP, to ensure people received high quality care.
- The registered manager said they attended meetings, external training and kept up to date with current good practice. They offered opportunities for nursing, physiotherapy and social worker students to work at the service on placement for their learning and development. In exchange, this provided additional support for people who used the service too. Two social worker students had started on the day of the inspection and we saw their induction to the service.