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# St James House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 15 and 16 November 2016. After that inspection we received concerns in relation to the management of medicines and staffing levels and the quality of care people received in the home. As a result we undertook a focused inspection to look into those concerns. This report only covers our findings in relation to those topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St James House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

St James House provides accommodation for up to 30 people who require support with personal care. There were 24 people living at the service at the time of our inspection.

Since the last inspection the manager had successfully applied to register with CQC. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. They were not present on the day of the inspection due to being on maternity leave. The deputy manager was therefore responsible for the day to day running of the home with support from the provider who was based at the service each weekday.

During this inspection we identified a breach of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. This was because medicines were not always safely managed. You can see what action we told the provider to take at the back of the full version of the report.

We identified shortfalls in the management of medicines. Although most medicines were stored safely, two medicines that are controlled drugs (subject to tighter legal controls because of the risk of misuse) were not kept inside the controlled drugs (CD) cupboard as required by law. Discrepancies were identified in the records for one liquid CD which meant some stock could not be accounted for.

People had not always been given their medicines as prescribed. In addition staff who were not trained to administer medicines were responsible for applying medicated creams. People may be harmed if staff give any type of medicine without first being appropriately trained.

People who used the service gave us mixed feedback about staffing levels in the service. Seven of the eleven people we spoke with told us they did not feel there were always enough staff available, particularly at night. Staff we spoke with told us they always had sufficient time to meet people's needs although none of these staff had worked at night. Our observations during the inspection showed all call bells were answered promptly. The provider told us they would arrange a meeting with people who used the service to discuss their concerns further.

Recruitment processes in the service had improved since the last inspection. When we looked at the staff

personnel files for two people who had been recruited since the last inspection we noted all required pre-employment checks had been completed. The provider had also introduced additional safeguards into the recruitment checklist to record when references had been received and any action taken in response to adverse comments received in requested references.

We saw that suitable arrangements were in place to help safeguard people from abuse. Guidance and training was provided for staff on identifying and responding to the signs and allegations of abuse. Staff were able to tell us of the correct action to take should they witness or suspect abuse.

Care records showed that risks to people's health and well-being had been identified, such as the risk of falls, pressure sores and poor nutrition. However we noted one person's records did not make it clear that two hourly positional changes were required during the night in order to help manage the risk of pressure sores. We were told this person's record would be amended as a matter of urgency to ensure they always received safe and appropriate care. However there were no current issues with regard to the person's skin integrity.

During the inspection we noted that all areas of the home were clean although there were some malodours present at times. None of the people we spoke with raised any concerns regarding the cleanliness of the premises. The provider showed us the action plan they were in the process of completing following a recent inspection by the lead infection control nurse from the local clinical commissioning group (CCG).

Systems were in place to ensure the equipment in use in the service was safe and regularly serviced.

Staff told us they enjoyed working at St James House and that the provider and managers were approachable and supportive. They told us regular staff meetings afforded them the opportunity to put forward any suggestions as to how the service might be improved and that these were always listened to.

We saw that people had opportunities to comment on the care provided in St James House. Records we reviewed showed action had been taken in response to feedback received. There were systems in place for receiving, handling and responding appropriately to complaints. All the people we spoke with during the inspection told us they would be confident that any concerns they reported would be listened to and action taken by the manager to resolve the matter.

Improvements had been made to the quality assurance processes in place although some audits needed to be more robust. We noted the provider had commissioned an external consultant to help identify and drive forward required improvements in the service. We have recommended that the provider continues to embed quality assurance processes in order to ensure the quality of service provision.

## 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 not always safe.

People's medicines were not always safely managed. The systems to record and check controlled drugs needed to be improved to help prevent the risk of misuse.

We received mixed feedback regarding staffing levels in the service, particularly at night.

Recruitment processes had improved. Required pre-employment checks were completed to help ensure people were protected from the risk of unsuitable staff.

The provider was in the process of improving infection control measures in the home.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Audit processes relating to medicines and care plans needed to be more robust in order to continue to drive forward improvements in the service. We noted the provider had commissioned an external consultant to assist with this process.

Staff told us they enjoyed working in the service and found the provider and managers to be approachable and supportive.

Feedback was sought from people who used the service. The provider had taken action to address any concerns raised.

**Requires Improvement** ●

# St James House

## **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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced focused inspection which took place on 4th May 2016. The inspection was carried out to look into concerns we had received regarding the unsafe handling of medicines, staffing levels in the home and the quality of care people were receiving. The team therefore inspected the service against two of the five questions we ask about services: is the service safe? and is the service well-led?

The inspection team consisted of an adult social care inspector, a pharmacist inspector 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. The expert had experience of residential care services for older people and was a full member of the inspection team.

During the inspection we spoke with 11 people who used the service and two visiting relatives. We also spoke with the provider, the deputy manager and three members of care staff. We also carried out observations in the public areas of the service.

We looked at the care records for three people who used the service. We also reviewed the medicines administration records for 12 people who used the service. In addition we looked at a range of records relating to how the service was managed; these included four staff personnel files, training records, quality assurance systems and policies and procedures.

# Is the service safe?

## Our findings

We received mixed responses when we asked people if they felt safe in St James House. Two of the eleven people we spoke with told us they did not feel safe all of the time. One person told us this was because of the behaviour of another person who used the service. They told us they had tried to raise their concerns with staff but did not feel they had been taken seriously. With their permission we advised the deputy manager how they were feeling and saw that they were provided with immediate support and reassurance. They were asked to approach the deputy manager directly if they felt unsafe in the future and told us they would feel confident to do so. A second person told us they did not always feel safe but could not explain why they felt this way. The remainder of the people we spoke with made positive comments about their feelings of safety in the home. One person told us, "All the staff and everybody make me feel safe. I don't get bullied in here." Another person told us they felt safe because, "Because the staff are very good and I've never seen bullying."

Prior to the inspection we had received concerns about staffing levels in the home. We therefore asked people if they considered there were always enough staff on duty to meet their needs in a timely manner. Seven of the eleven people we spoke with told us they did not feel there were always enough staff available, particularly at night. Comments people made to us included, "They're short of staff at night and sometimes in the evening. You just have to be patient and wait about half an hour", "If I ring my buzzer I have to wait half an hour at night" and "There used to be a lot more staff and they used to have more time for you." In contrast one person who used the service told us, "They [staff] come right away." During the inspection we observed all call bells were answered promptly.

We checked the staffing rotas and noted there were consistent numbers of staff on duty throughout the week. All the staff we spoke with told us they considered they had enough time to meet people's needs, although none of these staff had experience of working the night shift. The provider told us staffing levels in the evenings had recently decreased due to the lower numbers of people using the service. They told us these levels would increase again as people were admitted to the service. The provider told us they would arrange a meeting with people who lived in the home to discuss the comments they had made to us about staffing levels in order to better understand their concerns.

At our last inspection we had identified that recruitment processes were not sufficiently robust to protect people from the risk of inappropriate staff. During this inspection we checked the recruitment records for two staff who had been appointed since the last inspection. We noted that all required pre-employment checks were in place. The provider had amended the recruitment checklist to make it clear when references had been received and that any adverse comments on references had been followed up with the person's previous employer.

Prior to the inspection we had received concerns about the way medicines were handled in the service. We therefore looked at the medicine administration records (MARs) belonging to twelve of the twenty four people who lived in the home. We found that one person had not been given their antibiotic medicine at the right time intervals. The person was well again but this mistake could have meant their infection was not

properly treated. There was only one other gap in administration records on the MARs we saw.

We noted that when people were prescribed a medicine to thin the blood, the dose administered each day was recorded on their MAR. This meant the record showed the right dose had been given. The application of creams was carefully recorded. This showed that people's skin was cared for through the regular use of moisturising and barrier creams. However, carers who had not received medicines training also applied some medicated creams. People may be harmed if staff give any type of medicine without first being appropriately trained.

Two people's eye drops were not labelled with full directions; the label did not tell staff which eye (or both eyes) the drops were prescribed for. This could lead to an error in administration. Another person had not received the full course of their eye drops because the drops had not been included on their new MAR.

We observed some people being given their morning medicines and saw that the person responsible administered medicines in a safe and friendly way. If people were prescribed pain-killers the exact time of administration was recorded to make sure a safe period of time passed before another dose was given. The home had a clearly written medicine policy which described how staff should handle medicines in the home.

Medicine storage facilities were clean and tidy. The temperature of the medicine refrigerator was not monitored properly because the maximum and minimum temperature readings were not recorded each day. Therefore records did not show if medicines in the fridge had been constantly kept at the right temperature.

Most medicines were kept safely. However, two medicines that are controlled drugs (subject to tighter legal controls because of the risk of misuse) were not kept inside the controlled drugs (CD) cupboard as required by law. Staff did not regularly check CD stocks as is good practice to prevent mishandling and to find recording errors promptly. We checked the current stock balances of controlled drugs and found they matched the amounts recorded in the CD register. However, we noticed an omission and discrepancies in the records for one liquid CD which meant that 250ml was unaccounted for. We asked the manager to urgently investigate this issue and report their findings to us, and other appropriate authorities.

The concerns found during this inspection meant there was a lack of a robust system in place for the safe handling of medicines. This was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All the staff we spoke with told us they understood their responsibility to safeguard people from harm. They were able to tell us of the possible indicators of abuse and the correct action to take in order to report any concerns. Policies and procedures were in place to provide them with guidance if necessary. We noted there was a plan in place to ensure all staff had completed on-line safeguarding training by the end of the month. Staff told us they had also received additional training on how to keep people safe which included moving and handling, the use of equipment, infection control and first aid. The deputy manager was aware of their responsibility to report issues relating to safeguarding to the local authority and CQC.

The risks involved in delivering people's care had been assessed to help keep people safe. We found individual risks had been assessed and recorded in people's care plans and management strategies had been drawn up to provide staff with guidance on how to manage risks in a consistent manner. Examples of risk assessments relating to personal care included moving and handling, hydration and nutrition, skin integrity and falls. However we noted one person's records did not make it clear that two hourly positional

changes were required during the night in order to help manage the risk of pressure sores. The deputy manager told us they would update the records to ensure they accurately reflected the person's needs. However we were told there were no issues with the person's skin integrity.

The premises and equipment were appropriately maintained to keep people safe. We saw records to indicate regular safety checks were carried out on the fire alarm, fire extinguishers, hoists and the passenger lift. The provider showed us the action plan they had recently completed in response to an audit by the infection control nurse employed by the local clinical commissioning group. During the inspection we noted that all areas of the home were clean although there were some malodours present at times. None of the people we spoke with raised any concerns regarding the cleanliness of the premises.

We were also shown an environmental audit which had recently been completed by an external consultant commissioned by the provider. The provider told us they intended to put a two year plan in place to improve the environment in response to the audit findings.

## Is the service well-led?

### Our findings

At our last inspection we found that there was a lack of robust quality assurance processes. During this inspection we noted some improvements. There was a record of audits which took place on a three monthly basis including those relating to the kitchen, health and safety and medicines. However the shortfalls we had identified during the inspection in relation to medicines meant the medicines audit process was not sufficiently robust. We also noted a formal audit of care plans had not taken place since November 2016 although we saw that the deputy manager was in the process of ensuring all care plans were brought up to date.

We recommend that the provider continues to embed quality assurance processes in order to ensure the quality of service provision.

Although there was some confusion between the people we spoke with about the identity of the provider and managers in the service, they all told us they found them to be approachable. Comments people made to us included, "If I sent for [name of provider] he's come. He's very easy to get on with", "They're all approachable, and they listen to me. I get on with most people" and "[Name of registered manager] is very nice to speak to. They always take us into the office and it's private and confidential".

The manager in post at the time of the last inspection in November 2016 had now successfully registered with CQC. However they were absent from the service at the time of this inspection due to maternity leave. We were told they planned to return in June 2017. The deputy manager was therefore responsible for the day to day running of the service with support from the provider. During the inspection we observed the deputy manager to be warm and reassuring in their manner when speaking with people who used the service.

We asked the provider about the key achievements in the service since the last inspection. They told us they had focused on improving the care planning process and the recruitment of new staff, particularly those who were willing to cover shifts at short notice in the case of sickness or annual leave. The provider told us the service had been particularly successful in supporting people to move on to more independent living following a period of respite or short term care in the home. They told us they had also extended the activities people were supported to attend in the local community.

All the staff we spoke with told us they enjoyed working in St James House. Comments staff made to us included, "The managers are approachable. They do listen to you. If there's a problem we bring up they will try to sort it out" and "I can always approach the managers if I need them or don't understand anything." Records showed that staff meetings were held regularly. Staff meetings are a valuable means of motivating staff, keeping them informed of any developments within the service and giving them an opportunity to discuss good practice.

During our inspection our checks confirmed that the provider was meeting the requirement to display their

most recent CQC rating.

Before our inspection, we checked the records we held about the service. We found that the service had notified CQC of accidents, serious incidents and safeguarding allegations as they are required to do. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.

The provider informed us they had commissioned an external consultant to help them drive forward improvements in the service. We saw that this consultant had drawn up a holistic action plan following their initial review and that the provider had already begun to act on some of the areas identified as requiring improvement.

The provider undertook regular quality assurance surveys with people who used the service. We looked at the results from the most recent survey saw most of the eight respondents had commented positively on the care they received. We saw that two people had commented on having to wait for support or that staff were very busy but these responses were anonymous and could not therefore be followed up by the provider. We noted that the provider had taken action to address concerns raised by one person in their survey responses; this demonstrated they acted on feedback received in order to improve the quality of service provision.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to protect people against the risks associated with the unsafe use and management of medicines. Regulation 12 (2) (g)</p>