

Mr Devshi Odedra And Mr Keshav Khistria

St James House

Inspection report

St James' Crescent
Darwen
Lancashire
BB3 0EY

Tel: 01254873623

Date of inspection visit:
03 March 2020

Date of publication:
27 March 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

St James House is a residential care home which provides accommodation for up to 30 people who require support with personal care. Accommodation is provided in 30 single bedrooms over two floors. Four of the bedrooms have en suite facilities. The home is in a residential area in Darwen. There were 29 people living in the home at the time of our inspection.

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

Medicines were not always safely managed. As a result, some people had not received all their medicines as prescribed. The audit systems in place to monitor the administration of medicines had not been sufficiently robust.

People told us they felt safe in the home and that staff were always kind and caring. Staff had completed safeguarding training and knew the correct action to take to protect people from the risk of abuse. There were sufficient numbers of staff on duty to meet people's needs. Staff had been safely recruited. They were aware of the action to take to reduce the risk of cross infection. The home was clean and the provider had plans to replace flooring in communal areas to reduce any malodour. Risks were safely managed and equipment was regularly serviced to ensure it was safe to use.

Staff received the training, support and supervision to ensure they were effective in their roles. People's needs were assessed and regularly reviewed. Care plans provided detailed information for staff to follow to ensure they met people's needs in the way they wanted. People enjoyed the food provided in the home. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us staff were respectful towards them and supported them to be as independent as possible. People were treated as individuals with diverse needs and interests. They were provided with information about advocacy services should they wish to receive independent support with making decisions about their care.

Care plans contained information on people's health and communication needs as well as their family background, religious needs and social interests. Activities were available for people to participate in if they wished.

The management team and staff were clear about their roles and provided care which resulted in good outcomes for people. They worked in partnership with a variety of agencies to ensure people's health and social needs were met

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

Rating at last inspection

The last rating for this service was good (published 26 October 2017).

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this report. We have identified one breach of regulations at this inspection in relation to medicines management. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring 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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

St James House

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 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.

Service and service type

St James House 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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spent time observing how staff provided support for people to help us better understand their experiences of the care they received. We also walked around the building to check the home was clean, hygienic and a safe place for people to live.

We spoke with seven people who used the service and one relative about their experience of the care provided. We spoke with six members of staff including the registered manager, the deputy manager, two members of care staff, the cook and the apprentice cook. We also spoke with one of the owners of the home who was present throughout the inspection and a visiting health professional.

To gather information, we looked at a variety of records. This included three people's care and medication records. We also looked at two staff files in relation to recruitment and staff supervision. A number of records relating to the management of the service, including policies and procedures were also 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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always safely managed. Records showed people had not always been given their medicines as prescribed.
- We found missing signatures on two of the medicine administration records we reviewed. In addition, the provider's own records showed there had been a total of 53 medicines errors noted over the three-week period prior to the inspection, 23 of which had resulted in people not receiving their prescribed medicines. We did not find any evidence people had been harmed as a result of these errors. The registered manager explained this was due to a change in the way medicines were being administered in the home. Additional training had been organised for staff in the new procedures.

The provider and registered manager failed to ensure medicines were managed safely. This is a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of avoidable harm. Staff had completed safeguarding training and knew how to report possible signs of abuse.
- People told us they felt safe. Comments made to us included, "I do feel safe, certainly. The ambience of the place makes you feel safe" and "Of course I feel very safe. All the staff are nice and helpful, and the residents are all friendly and helpful."

Assessing risk, safety monitoring and management

- The provider had systems to assess and manage risks. Care records included detailed information for staff to follow to support people safely.
- The provider completed regular checks to ensure the safety of the premises. Equipment used was regularly serviced. One person told us, "They keep you safe. I can't stand or walk. I have a stand aid and a wheelchair. They service my wheelchair regularly."
- The registered manager documented the support people would need to evacuate the premises safely in the event of an emergency.

Staffing and recruitment

- Staff had been safely recruited. There were enough staff on duty to meet people's needs in a timely way.
- People told us staff responded promptly if they needed support. Comments made included, "If I ring my buzzer they come quickly" and "There are six staff on duty, so plenty to look after you."

Preventing and controlling infection

- The provider and registered manager had systems to help prevent and control infections. The provider had plans to replace the flooring in the ground floor corridor to help reduce odour in the home. Staff wore personal protective equipment including gloves and aprons when carrying out personal care tasks. One person commented, "They always wear gloves and aprons when they serve food."
- People told us they were satisfied with the cleanliness of the home. Comments made included, "The cleaner comes into my room every day and they do downstairs, the bathrooms, and lounges" and "They clean my room every day and the lounge and other rooms are clean."

Learning lessons when things go wrong

- The provider promoted an open culture in relation to accidents, incidents and near misses. The registered manager reviewed all incidents and accidents to ensure appropriate actions were taken and to determine whether there were any trends or patterns. We also saw a detailed document which showed the lessons learned and action taken when a serious medicines error had occurred.
- The provider had introduced an electronic care planning system which also allowed important messages to be shared with all staff.

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

- The provider had systems to ensure people received care which met their individual needs. The management team completed assessments of people's needs before they were admitted to the home. The assessment identified people's cultural, religious and social needs as well as their lifestyle choices. Care plans were developed to meet individual's needs and preferences.
- The registered manager told us they were proud of the fact that they were able to offer a home to people who often had complex and diverse needs.

Staff support: induction, training, skills and experience

- Staff received the support and training required for them to be able to deliver effective care. The provider ensured all staff completed mandatory training which included infection control, moving and handling and first aid.
- Staff told us they felt supported by the registered manager through day to day contact, regular supervision and an annual appraisal of their performance. Supervision sessions provided an opportunity for staff to discuss their work performance and professional development.
- People told us staff were well trained and confident in meeting their needs. One person commented, "They [staff] know what they are doing and if they are in doubt, they will query it and they have regular training sessions."

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

- The registered manager made sure people's nutritional needs and dietary preferences were met.
- Staff monitored people if they were at risk of poor nutrition. Advice from appropriate healthcare professionals was sought, as needed.
- People clearly enjoyed the meals provided for them. They were able to ask for alternatives if they decided they did not want what they had originally chosen. Comments people made included, "The food is extremely good you can't fault it, if you don't like it you can have an alternative. The cook knows what I don't like so if that dish is on, she brings me an alternative I like" and "I just enjoy everything. They watch what I eat as I have high cholesterol and diabetes."

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

- Staff worked with a range of community professionals to maintain and promote people's health. We spoke to a visiting health professional during the inspection. They told us staff were knowledgeable about people's needs and always made timely referrals should they have concerns about an individual's health.

- The electronic care records system used in the home was set up to generate an information pack detailing people's needs and preferences should they be admitted to hospital.
- The registered manager had completed an assessment of people's oral health care needs. They supported people to access dental treatment as required.

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

- The environment was suitable for people's needs. People told us they were satisfied with both the communal and personal spaces in the home. One person told us, "I don't leave my room much, but they decorate it for me. If there is something wrong, they soon put it right. I had some paint peeling a bit at the seam and they decorated the whole wall. If I wanted to, I could choose the wallpaper and colours. I get spoilt here."

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.

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 provider had a system to assess and review the capacity of people to consent to their care and treatment in St James House. The registered manager had submitted required authorisations to the relevant local authority if people were unable to consent to their care arrangements in the home.
- Staff supported people in the least restrictive way possible. The service had policies and procedures to underpin this approach.
- People told us staff always asked for their consent before they provided any care. One person commented, "They are extremely polite. They ask if I feel like a shower."

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

- Staff continued to be knowledgeable and respectful of people's rights, differences and diverse needs which helped them provide the right support and enable people to live their lives as they wished. Care records contained detailed information about people's wishes, preferences and backgrounds.
- People were very complimentary about the kind and caring nature of staff. Comments made included, "If I want anything, I only have to let them know, they do all my shopping for me. The cook goes to the local supermarket and gets me what I want and brings it straight back to me. You can have a laugh and a joke with them" and "One gives up his time to have a drink with me and came to hospital with me. If I want any shopping, they do it for me in their own time."

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

- Staff involved people in decisions about their care. People confirmed they were encouraged to say how they wanted to be cared for and supported with making decisions about their lives. One person said, "They [staff] speak to me about things, they are good."
- Care records contained information about any legally appointed representatives who should be involved in decisions about people's care. People were given information about advocacy services and help to contact them if needed. These services can be used to support people when they do not have friends or relatives to support them or want support and advice from someone other than staff, friends or family. One person told us, "I haven't found the need to have one [advocate]. A friend has power of attorney and if I need anyone, I can call on them and I have my own solicitor."

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy and dignity and supported them to be as independent as possible. One person confirmed this saying, "They go out of their way to respect me. I hate being incapacitated and they allow me to manoeuvre myself as I like being independent, but they are there for the things I can't do."
- The registered manager and staff ensured people's care records were kept securely. The language used in daily notes and care plans was respectful and was written in a positive manner.

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

- Staff provided care that was centred around people's choices and preferences. Staff supported people on an individual basis, promoting equality and diversity and respecting individual differences and choices.
- Senior staff regularly reviewed people's care plans and we saw evidence that people were involved in this process whenever possible.
- People confirmed they had opportunities to express their views about the care they received. Comments made included, "Oh yes, they ask what I think about the home" and "They come around with questionnaires, but it happens in the normal course of the day and they did do what I mentioned in a questionnaire."

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.

- Staff assessed people's communication needs and reviewed them regularly. People's care plans included the support they needed with communication and how staff should provide it.
- The provider had a policy informing staff how they should meet the AIS.

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 had the opportunity to take part in activities in the home and to socialise in the local community. We saw that a range of activities were provided including bingo, dominoes and chair-based exercises.
- People confirmed they were happy with the activities available. Comments made included, "I like to play bingo, dominoes, watch TV and I go out to the pub for a game of snooker" and "My daughter takes me out shopping. I play bingo and do chair exercises."
- Staff encouraged people to maintain relationships that were important to them. Visitors felt welcomed.

Improving care quality in response to complaints or concerns

- The provider had processes to investigate and respond to people's complaints and concerns. People had no complaints about the service they received but knew how to complain or raise concerns if they were unhappy. One person told us, "I would tell the staff or manager; but in five years I haven't had a cause to complain."

End of life care and support

- The registered manager documented any last wishes people had as part of their initial assessment process. Specific care plans were put in place should people's health deteriorate to the point that they were considered to be at the end of their life. There were arrangements in place to ensure necessary medicines and additional healthcare support was available when needed.

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 deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had systems to monitor the quality and safety of the service. However, our findings relating to the unsafe handling of medicines, showed the monitoring systems in this area had not been robust enough. Although errors had been identified through the audit process, these records failed to show what action the management team had taken or whether they had contacted other professionals for advice. The registered manager informed us they would take immediate action to improve how they responded when medicines errors were identified. All other audits included action plans in relation to any issued identified.
- Policies and refresher training provided managers and staff with up to date learning, guidance and direction. Job descriptions and employment contracts outlined staff roles, responsibilities and duty of care.

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

- The registered manager promoted an open and inclusive culture. They were committed to helping people achieve the outcomes that were important to them. One person told us, "There are a lot of good things here: the care, the food the camaraderie between me and the staff. I have more fun in here than you can out there. They laugh with you, talk to you and care about you."
- Staff were committed to providing high standards of care and support. They enjoyed working at the service and felt valued and supported.
- The registered manager was visible around the service and was well known to people. People told us, "I know the manager and the owner" and "They are approachable."

Continuous learning and improving care; 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

- The registered manager encouraged continuous learning and development. Staff training, supervision sessions and meetings were used to ensure learning and improvements took place.
- The registered manager promoted a culture in which staff were encouraged and supported to report any mistakes or concerns so that lessons could be learned. Trusting relationships had been developed between staff, people who lived in the home, relatives and external professionals.
- The provider had a policy which outlined the responsibilities of all staff in relation to the duty of candour.

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

characteristics

- The provider and registered manager regularly sought feedback from people through surveys and regular conversations to ensure they were happy with the service and how their diverse needs were met. Action had been taken in response to suggestions made.

Working in partnership with others

- The service worked in partnership with a range of professionals to ensure people receive the care and support they needed. A professional we spoke with during the inspection told us communication from the service was good and any advice given was always followed.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider and registered manager failed to ensure medicines were managed safely.