

Randall Care Homes Limited

Jude House

Inspection report

92 Randall Avenue
Neasden
London
NW2 7SU

Tel: 02082081671
Website: www.randallcarehomes.com

Date of inspection visit:
28 February 2018

Date of publication:
12 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

Jude House is a care home for four people with mental health needs. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission [CQC] regulates both the premises and the care provided, and both were looked at during this inspection. The home is located in North West London. Public transport services and local amenities and facilities are located near to the accommodation. At the time of this inspection there were four people using the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

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 in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that staff treated them well. Staff had an informed and considerate approach to their work and understood the importance of treating people with dignity and respecting their privacy.

People received personalised care and support. People's care plans reflected people's individual preferences and needs. They contained the information staff required to provide people with the care and support they needed in the way that they wanted. People's care plans were reviewed regularly and were updated when people's needs changed. Staff understood and respected people's diversity.

Staff were appropriately recruited, trained and supported to provide people with individualised care and support. Staff were positive about the support and training they received.

Arrangements were in place to keep people safe. Staff understood how to safeguard the people they

supported. People's individual needs and risks were identified and managed as part of their plan of care and support. Staff had a good understanding about their responsibilities to manage risks and report any concerns relating to people's safety or poor practise.

Systems were in place to manage people's medicines safely.

The home was working within the principles of The Mental Capacity Act 2005 (MCA). The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensure that an individual being deprived of their liberty is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests. At the time of this inspection people had capacity to consent to their care and support and went out freely without the need for supervision from staff.

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 were listened to and supported to be fully involved in decisions about their care and other aspects of their lives.

Arrangements were in place to ensure that complaints were responded to and addressed appropriately. People had the opportunity to feedback about the service.

There were systems in place to regularly assess, monitor and improve the quality of the services provided for people. These arrangements were in the process of being reviewed and developed by the service.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Jude 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 was planned to check 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 a comprehensive inspection. The inspection was unannounced and took place on the 28 February 2018.

The inspection was carried out by one inspector.

We reviewed the information we held about the service, including statutory notifications that the provider had sent to us; a statutory notification is information about important events which the provider is required to send us by law. The provider had completed the Provider Information Return [PIR]. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was discussed with management staff during the inspection.

During the inspection we spoke with the four people using the service, registered manager, and two other management staff. We also spoke with the office manager and an administrator, a therapeutic support worker and a care worker. Following the inspection we spoke by telephone with two care workers and two people's relatives.

We reviewed a variety of records which related to people's individual care and the running of the service. These records included care files of four people using the service, three staff records, audits, and policies and procedures that related to the management and running of the service.



Our findings

People told us that they felt safe living in the home. They told us that they got on well with the people they shared the accommodation with. A person told us, "Yes, I do feel safe, I can relax." People's relatives told us that they didn't worry about their relative's safety and had no concerns about the service. A person's relative told us, "I feel [person] is safe living there."

A safeguarding policy and procedure and whistleblowing policy were in place to help protect people and minimise the risks of abuse to people. Staff understood their responsibility to protect people from harm. Staff told us and records showed that they had received safeguarding adults training. Staff were able to describe different types of abuse. They were aware that any suspicion or allegation of abuse needed to be reported to management and other agencies including the host local authority and CQC. Staff were confident that the registered manager and other management staff would respond suitably to any concerns that they raised to ensure people were protected. The contact details for the local authority safeguarding team were clearly displayed in the home.

People's care and support plans included information about any risks to their safety. Where risks had been identified, actions were in place to manage and minimise them. Risk management plans including guidance for staff to follow to lessen the risks in different areas of people's lives and to keep them safe were in place. These included, risks to do with their mental health, behaviour, neglect and medical conditions. People's risk assessments were completed in a way which recognised and supported people's choices and independence.

People had an awareness of how to keep safe by checking the identity of visitors to the home. When we arrived at the service a person using the service answered the door. They asked us our name and looked at our ID badge whilst calling the staff on duty and letting them know we had arrived at the home.

Staff told us that they felt there were sufficient staff to meet people's needs. They told us about the contingency plans that were in place to manage unplanned staff absences. This ensured that people had the support that they needed from staff to attend appointments and activities outside of the home. We looked at the staff rota. There was usually one staff on duty. Staff told us that an extra staff was provided when needed and that management staff visited the service several times throughout the day and provided assistance when required.

There was a 24 hour management on-call system. A member of staff told us, "Management are

approachable, we can call them anytime for advice and support." During the inspection we saw that there were sufficient staff on duty to provide people with the care and support that they needed. Staff were able to spend time talking with people as well as providing them with assistance.

Arrangements were in place to ensure appropriate recruitment practices were followed so only suitable staff were employed to work with people.

Staff were aware of the lone working policy. This policy detailed the procedures for staff to follow to support the safety of people and staff when working on their own.

The support people needed with their finances was recorded in their care plans. Most people managed their own finances while some had support from staff with budgeting. Up to date records of monies handled by staff were maintained. People using the service signed when they had received any of their money. Checks were carried out regularly by senior staff to minimise the risk of financial abuse.

Systems were in place to make sure people received their prescribed medicines safely. Details of people's medicines were clearly documented in their care plan. Medicines administration records indicated people received the medicines that they were prescribed. Regular audits took place to make sure that medicine stock was accurate, and that safe medicines management systems were in place. A person told us that they received their medicines at the right time. People's medicines were stored in a locked cabinet that was fixed to the wall but was not made of metal. We discussed with management staff replacing this with a metal medicines' cabinet to improve the safekeeping of people's medicines. Following the inspection the office manager informed us that they were looking into purchasing a more suitable medicines cabinet for the service.

Staff received the training they needed to administer people's medicines. They told us that they did not administer any medicines until they had been assessed as competent to do so. They told us the process of training and competency assessment could take several weeks, which ensured they had the skills they needed to safely administer medicines. A member of staff told us that it was two months before they were judged by management as being competent to manage and administer medicines. Although, staff described in detail the comprehensive process of assessment that was carried out before they administered medicines, and we saw the format of the assessment record, completed records of medicines competency assessments were not available. Management staff told us that they would ensure that these were completed in future.

People were protected from risks to their health and well-being by the prevention and control of infection. Staff told us that they had been trained in infection control and food hygiene and understood how to work in a hygienic way. We saw staff used disposable protective gloves when they needed to so to minimise the risk of infection. Information about the importance of washing hands was displayed. Staff completed cleaning duties and checks of the cleanliness of the premises were carried out by senior staff.

Records showed that there were arrangements in place to ensure people were safe. These included fire safety checks, regular fire drills, fire risk assessment and electrical checks. People each had an individual risk assessment regarding fire safety, which included guidance to be followed in the event of a fire, and we saw people participated fully in fire drills. However, people did not have a specific personal emergency evacuation plan [PEEP] which detailed the support people would need if the building needed to be evacuated in other emergency situation such as gas or water leak. Management told us that they would ensure that these and a comprehensive emergency plan were in place. We noted that there was emergency guidance in place about when staff should call emergency services. Following the inspection the office

manager informed us that PEEPS had been completed for each person using the service.

The lounge door was propped open which could be unsafe in the event of a fire. This practise was stopped and following the visit the office manager told us that they had purchased an appropriate device that enabled doors to be kept open safely during the day.

All staff understood their responsibilities to record, report and investigate any accidents and incidents that may occur. Records of incidents indicated that staff had been responsive. They had ensured people received medical treatment when required and reported incidents to relevant agencies. Incident forms showed that appropriate action had been taken by staff.

Staff carried out a range of 'daily' cleaning duties. A member of staff told us that had received training about infection control. Guidance about hand washing was available. Protective clothing including disposable gloves were accessible to staff to minimise the risk of infection. The premises was generally clean. Although, some surfaces in the bathroom were not particularly clean. This was addressed promptly. We spoke with a member of staff who had recently been recruited to carry out more effective monitoring checks of the premises and cleanliness of this service and at the provider's other homes. They told us that she would be commencing these comprehensive checks shortly. Following our visit a member of staff confirmed that these regular daily checks had started.



Our findings

People and their relatives told us they were happy with the service. A person told us, "They [staff] are ok. They cook nice things, the food is nice." People told us that they felt staff were competent and provided the support they needed. They told us that they liked the meals and had access to a range of healthcare services.

People's relatives told us that they felt that staff were competent and understood people's individual needs. Comments from people's relatives included, "They [staff] do their best for [person]. They support [person]," and "Staff seem to be competent."

People's needs were assessed before they moved into the service and were continually reviewed on a day to day basis and during regular planned review meetings. People's care plans included information about people's preferences, health, personal care, cultural, religious and other needs. The plans included detail and guidance for staff to follow to deliver effective care and support that people needed and to help them achieve their goals.

People told us that they were aware that they had a plan of care and support and fully involved in the regular reviews of it. People had signed records of their care plan reviews. Records showed that a person had been offered a copy of their plan. People confirmed that they could make choices about their lives. Staff spoke of the importance of involving people and providing them with the information they needed to assist them in making choices to do with their lives.

Staff told us that they had read people's support plans and risk assessments. A member of staff told us that they referred to them often so they were always up to date with people's current needs.

Staff told us that they had received an effective induction that had prepared them for carrying out their role and responsibilities. They told us that it had included 'shadowing' other staff to learn about their role and responsibilities and gaining knowledge about the organisation and its policies, as well as getting to know people using the service. A member of staff described their induction as, "Excellent. I learned a lot."

Staff told us about the training they had received to deliver people with effective care and support. They informed us that they completed training and learning that was relevant to their role and they received 'refresher' training in some areas. Training certificates showed that staff had completed a range of training that supported them to carry out their role in a competent informed manner. Two staff told us about having

recently commenced a training course about mental health. Staff spoke in a positive manner about this training. They told us about how it had benefitted their understanding of mental health conditions and helped develop their competence in supporting people.

A member of staff told us that they had almost completed a qualification in health and social care. They told us that management had encouraged them to achieve the qualification.

People received the support that they needed to maintain and improve their health. People's care records included details about people's health needs and medical conditions. People told us that their GP surgery and dentist was located close to the home and that staff supported them with arranging appointments. Records showed that people had attended a range of healthcare appointments. Staff told us that they always reported any changes in people's health needs to management and other staff.

Staff were provided with the support that they needed by day to day communication with management and through one-to-one supervision meetings. They told us that supervision meetings provided an opportunity for their progress to be discussed and for them to raise any issues to do with the service. Staff told us that they could contact management at any time if they needed support and advice. Records showed that staff received regular supervision, and appraisal of their performance and development.

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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of the inspection we were informed by staff that no person using the service required a DoLS to restrict their freedom. All the people using the service went out into the community independently.

The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. Staff knew that if there ever was an occasion when a person did not have the mental capacity to make a particular decision about their care and treatment a decision in the person's best interest would be made by healthcare and social care professionals, people's relatives, advocates, staff and significant others involved in the person's life.

Staff spoke of the importance of always obtaining people's consent, such as before providing them with assistance with their personal care and when administering people's medicines.

People's nutritional needs and preferences were recorded in their care plan. Records of food eaten by people were maintained. These records indicated that people ate a variety of meals. A member of staff spoke about a person who had a poor appetite. They told us about how they encouraged the person to eat regular meals. Records showed that people saw a dietitian when they needed support and advice to do with their dietary needs. People told us that they were satisfied with the meals provided by the service and could make snacks and hot drinks at any time. We saw people frequently making drinks of their choice during the inspection.

We discussed the Accessible Information Standard [AIS] with the office manager and management staff. The Standard was introduced by the government in 2016 to make sure that people with a disability or sensory loss were given information in a way they could understand. It is now the law for the NHS and adult social care services to comply with AIS. Information about the service and policies and procedures were mainly in written format. Staff told us that at the time of the inspection people using the service did not have any

sensory impairment and were able to read and write. Management told us that if in the future if they admitted a person with a disability or sensory loss they would ensure that information was easily accessible to them.

The premises design and decoration met people's needs. However, the laminate flooring in communal areas was 'tired' looking in some areas. Management told us that they would review the condition of the flooring in the home. People told us that they liked their bedrooms. A person told us, "I have my own room and my own things." The communal lounge included suitable furnishings and a television. A person told us that they were satisfied with the environment and chose to spend quite a lot of time in the lounge watching television. During the inspection the lounge did not feel very warm. We spoke with management, who told us that they would address the issue and monitor the temperature of the room. Following the inspection a member of staff told us that arrangements had been put in place to have the radiator serviced and to ensure the lounge was warm.



Our findings

People told us that staff engaged with them in a respectful manner and involved them in decisions about their care. Peoples' relatives told us that they felt staff were considerate and kind to people. They told us, "They [staff] work really hard to support [person]. They have supported me as well."

We saw very positive engagement between staff and people using the service. Staff spoke with people in respectful way and people approached staff without hesitation, which indicated they were comfortable with staff. Staff told us they enjoyed their job and they had a good understanding of the importance of treating people as individuals and with respect. Staff told us that they spent time talking with people to get to know them. Records showed that staff met with people on a one-to-one basis to discuss any issues and to provide people with emotional support and other support when they needed it.

The provider employed a therapeutic support worker who supported people with meeting their emotional needs as well as needs associated with their mental health. The therapeutic support worker spoke with us about their role and records showed how they had assessed and supported people with a range of needs.

People told us that they could make choices to do with their lives. Staff told us that they respected people's choices even when their choices were not always the ones they felt would benefit the person. People knew that there were certain rules such as not smoking in the house, which they needed to follow. Records showed that when people did not follow agreed rules this was discussed with them promptly and strategies agreed by the person were put in place to minimise future similar occurrences.

People were supported to maintain relationships with family and friends. A person told us that they had regular contact with their relative. The person's relative confirmed this and told us that they frequently saw the person and spoke with them by telephone.

People's care plans included guidance to help staff support people to develop their skills and be independent as possible. Staff told us that it was an aim of the service to support and promote people's independence. People were encouraged to do as much as possible for themselves such as everyday living tasks that included cleaning their bedroom and doing their own laundry. They attended some health appointments by themselves and were provided with assistance and support from staff when this was needed. During the inspection a member of staff reminded a person of their healthcare appointment.

People told us that they felt that their privacy was respected by staff. They told us that they had keys to their

bedrooms and if they chose to spend time alone in their room this was recognised and supported by staff. Staff were heard to knock on people's bedroom doors. They always waited for the person to respond positively before entering the person's room. The service had a confidentiality policy. People's care records and staff records and other documentation were stored securely. Staff knew the importance of not speaking about people to anyone other than those involved in their care.

Staff we spoke with knew about the importance of respecting people's differences, culture, beliefs and promoting their human rights. A member of staff told us, "We are all equal and need to be treated as equals, with respect." Another staff told us, "We all have different backgrounds and culture. We respect each other."

A person using the service told us festive occasions and people's birthdays were celebrated by the service. Details of people's preferences, background, religious and cultural needs were included in their care plan records so staff were aware of each person's individual needs. A person told us that they chose not to attend a place of worship, but were free to do so if they wanted to.

We saw that forms were available for people to complete to register to vote in local and general elections. Some people had their own phone. People also had access to a communal telephone so that they could contact family and friends.



Our findings

People told us they felt that staff understood their individual needs. They told us that they could speak with staff at any time about their care and support. Records showed that staff had been responsive when there had been concerns to do with people's health or behaviour. They had met with the person, discussed the issues with them and had agreed action to address the issues.

People's relatives told us that they felt that the service was responsive. A person's relative told us, "I am pleased with the service." Another person's relative told us, "I am involved. They listen and respect what I say. If there are any issues they [staff] contact me."

People's care and support plans that we looked at were personalised. They included information about people's needs and preferences and identified the actions required of staff to support people. Records showed that regular reviews of people's care were carried out to ensure that staff were kept informed about people's current needs, goals and preferences so they could provide them with the care and support that they needed. A person told us that they had participated in reviews of their support plan.

Staff we spoke with knew people well. They told us that they spoke with people and staff about people's needs and used a communication record book to pass on information to staff about issues to do with the service. A member of staff told us that they ensured they read people's care plans and risk assessments and followed guidance to ensure people received personalised care and support in a consistent and responsive way.

Staff knew the importance of effective communication between them and management to ensure that they provided people with personalised care that was responsive to their needs. They told us that they had a 'handover' each shift where staff discussed people's current needs and other matters to do with the service. People's 'daily' records and other records plus frequent updates from management ensured that staff were knowledgeable about people's current needs.

People accessed community facilities and amenities to maintain and develop their relationship with the local community. People spoke of walking to the local shops. A person told us, "I go out." They told us that they had a travel pass that enabled them to travel freely on public transport which enabled them to visit a relative regularly. There were a range of group activities that people had the opportunity to take part in. A person told us that they had enjoyed an art group session. Another person told us about their love of music and that they regularly played a piano located in another of the provider's homes. Staff spoke of some

people's lack of motivation to take part in activities and how they and management encouraged people to engage in them. A person's relative told us, "They [staff] do their best to encourage [person] to join in things." A person told us that they had been swimming at a local sports centre.

The home had a system for recording and dealing with complaints appropriately. A person told us that they would speak to management and their relative if they had a complaint or concern to do with the service. People's relatives told us that they had no concerns but knew who to contact if they wished to make a complaint. Records showed that complaints had been addressed by the service. Management told us about how they had addressed a recent complaint. However, although the complaint records detailed the concern and showed that appropriate action had been taken by staff who had received the complaint, the complaints record did not include details of the action taken by management staff. Management told us about the action that they took to address the issue and said that in future this would be clearly documented in the complaints record.

At the time of the inspection the service was not providing end of life care to anyone using the service.



Our findings

People's relatives and a person using the service told us that they were satisfied with the way the service was run. People told us that the registered manager and other management staff were available to speak with at any time.

People's relatives commented, "I think it is managed ok," "I am happy [person] is there. It is a lot better than other places [person] had been living in. They [staff] understand [person]," and "They [management] run the service quite well."

The service had a registered manager. 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 in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager ran the service with assistance from other management staff and office staff. Staff we spoke with were aware of the management structure of the organisation and told us that the registered manager and other senior staff were visible, approachable, supportive and available at any time for advice and support. Staff told us that they were kept well informed about the organisation and the service. The provider's mission statement was displayed. Staff were aware of the objectives of the service. They spoke of people being at the centre of the service and of the importance of treating them with respect and dignity and providing them with a good quality service.

Staff spoke of being well supported. They told us that they felt able to raise any issues to do with the service with management during staff meetings and at any other time. They spoke of being kept well informed about changes to do with the service, and discussed people's progress and best practise meetings and one-to-one supervision. Staff spoke of the importance of keeping senior staff informed of any changes in people's needs, behaviour and any issues that affected the service.

The registered manager and other management provided 24 hours on call service so that they were always available to provide staff with guidance and support. A member of staff provided us with an example of the positive and supportive contact that they had with management following an incident in the home.

During our visit to the service we observed positive interaction between people using the service and staff including management. This engagement indicated that staff and management were well known to people

and they were comfortable interacting with them. Staff and people using the service confirmed that management and other senior staff frequently visited the service, sometimes several times a day to discuss the service, speak with people and check that there were no concerns.

Records showed that some people had provided feedback about the service, which showed that they were satisfied with the service.

Management staff told us that they were in the process of improving the service by reviewing staff roles and developing their responsibilities to do with the running and monitoring of the service.

We looked at the arrangements in place for monitoring, developing and improving the quality and safety of the service. Records showed that checks of a range of areas to do with the service were undertaken. These included, fridge, freezer, water and medicine cabinet temperature checks. Also audits of the medicines and health and safety arrangements were carried out. A comprehensive check of the environment was carried out by management staff every six months. This included checks of equipment and health and safety aspects of the service. Action was taken to address shortfalls. For example, staff and people had been reminded about how to keep safe when using kitchen appliances.

A check list of staff cleaning and other tasks that needed to be carried out on a daily basis were completed by staff. However, there were some gaps in these records. The member of staff recently assigned to carry out checks of records and other areas of the service told us that they would speak with staff and monitor that daily cleaning tasks were carried out.

Maintenance issues were addressed. Records showed that a faulty communal television had been replaced with a new one.

Records showed the home liaised with partners such as healthcare and social care professionals to provide people with the service they required. Information regarding appointments, meetings and visits with healthcare and social care professionals were recorded in people's care files. The service provided people's commissioning care managers with a monthly report of each person's progress to keep them fully informed of people's needs and achievements.

Services providing regulated activities have a statutory duty to report certain incidents and accidents to the CQC. We saw that the CQC had been appropriately notified of any incidents by the registered manager and or other management staff.

Care documentation was up to date. The home had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people and the service. These addressed topics such as infection control, safeguarding and health and safety.

As required, the rating from the last inspection was displayed in the home.