Standwalk Ltd

St James House

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

This inspection took place on the 14 and 15 September 2016 and the first day was unannounced. The previous inspection took place in July 2014 and no concerns were identified.

St James House is a registered home providing 24-hour personal care and accommodation for a maximum of 15 people living with a learning disability and associated needs. The home is a converted church in Rusholme, Manchester and close to local amenities and transport routes. Accommodation includes self-contained flats and single rooms some of which are en-suite. Facilities include lounges, kitchens, laundry facilities, a sensory room, a hydrotherapy pool and a gym. There are also extensive grounds.

The service had a registered manager who had been in post since 2011. 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.

Everyone we spoke with told us they felt safe living at St James House. All the relatives we spoke with felt their loved ones were safe living there. Staff knew how to keep people safe and were aware of how and to whom they could report any safeguarding concerns.

Staff sought consent from people before providing care or support. The ability of people to make decisions was always assessed in line with legal requirements to ensure their liberty was not restricted unlawfully. Decisions were always taken in the best interests of people when necessary and applications were made for Deprivation of Liberty Safeguards authorisation appropriately.

Risk assessments were up to date. Care plans were written with the person whenever possible and with their families, with the consent of the person. People had been supported to be involved in identifying their support needs. Pre-assessments included people's likes and preferences and staff knew the people well.

Staff were observed as being kind and caring, and treated people with dignity and respect. There was an open, trusting relationship between the people and staff. People were well cared for and there were enough staff to support them effectively. The staff were knowledgeable about the needs of the people and had received appropriate training in order for them to meet people's needs. The recruitment process was robust and all required checks were in place prior to staff commencing work.

Medicines were administered, stored and disposed of safely and in line with the required guidelines. There were appropriate protocols and guidance for staff when people needed 'as required' medicine.

We saw people were fully supported to attend activities both within the home and within the community. People could choose what activity they attended and there was scope to change their minds. We saw nearly everyone living at St James House chose to do individual activities but the service provided group activities

which they joined in as well. People who were able to, made choices about how they spent their time and where they went each day.

We saw people and their relatives had been asked for feedback about the service they received. There was a record of what actions had been taken to address any identified concerns. Staff worked well as a team; we saw them communicating with each other in a respectful and calm manner. There was an open and transparent culture which was promoted amongst the staff team.

Everyone knew who the registered manager was and felt the service was well-led. All staff said they felt supported and felt they could raise any concerns with the registered manager and they would be acted upon.

We viewed the policies and procedures and saw they were being followed. Quality assurance checks were being completed and when incidents had occurred action had been taken.

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.

People felt safe. Staff knew how to keep people safe and recognise signs of abuse.

Risk assessments were personalised and appropriate to people's current needs.

Staff recruitment was robust; we found all required checks had been completed.

Medicines were administered, stored and disposed of safely.

Is the service effective?

Good

The service was effective.

Staff had received appropriate training in order for them to meet the care and support needs of those living at St James House.

Staff had an understanding and followed legislation in relation to the MCA and DoLS.

People's nutritional needs were met and referrals were made to healthcare professionals when required.

Is the service caring?

Good

The service was caring.

People and their relatives said that all staff were kind and caring.

People were treated with dignity and respect at all times.

People were supported with planning their end of life care.

Is the service responsive?

Good

The service was responsive.

Staff knew people well and were responsive to their needs.

People engaged in regular activities of their choosing and were supported to make choices through regular residents' meetings.

There was a formal complaints procedure in place, which was being followed.

Is the service well-led?

Good

The service was well-led.

The service had a registered manager in place. People, their relatives and staff felt the service was well-led. The service sought feedback from people living at St James House and their families, and took action from this feedback when required.

Quality assurance checks and regular audits were completed. When any concerns were raised, clear action plans were documented and outcomes recorded.

Statutory notifications had been sent to CQC in a timely manner.

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 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 inspection took place on 14 and 15 September 2016 and the first day was unannounced. The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We contacted the local authority and Healthwatch, for any information they may have on the service which we might want to consider.

We spoke with three people using the service, two family members, the registered manager, a senior carer and two care staff. We observed the way people were supported in communal areas and looked at records relating to the service. These included five care records, seven staff recruitment files, daily record notes, medication administration records (MARs), maintenance records, audits on health and safety, accidents and incidents, policies and procedures and quality assurance records.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at St James House. One person said, "I like it here, I feel safe." When asked, another person also said, "I feel safe." Family members we spoke with felt their loved ones were safe. One family member said, "I think (name of person) is very safe here."

Staff members we spoke with knew how to keep people safe, with the care and support they provided. The explained how they kept people safe, for example by ensuring that the magnetic sealed doors between floors and people's bedrooms were closed behind them in order to create a safe place. This minimised the risks posed to people living at St James House, by ensuring they were unable to access areas which may pose a risk to them such as the boiler room and hydrotherapy suite. Staff also told us how there were weekly fire checks to ensure people's safety.

Staff were able to explain different types of abuse and what actions they needed to take if they were concerned for anyone they supported. We saw all staff had undertaken training in safeguarding adults and staff we spoke with confirmed this. They understood when to report any concerns and who to report them to. We saw there was a safeguarding adult's policy and procedure in place which all staff were following. Accidents and incidents had been recorded and reported to the appropriate people and there was a record of what actions had been taken in order to minimise the risk of them reoccurring.

We saw there were sufficient staff to meet the needs of those who lived at St James House. The registered manager told us there was a minimum of twelve staff members on duty during the day as well as themselves. They went on to explain how shifts were staggered during the course of the day, in order to meet the needs of those living at the service. We saw there was a duty roster system, which detailed the planned cover for the home. Short term absences were managed through the use of overtime. The registered manager was also available to provide support when appropriate. There was an on-call system in the evenings and weekends, which meant if advice or support was needed, there was always someone available for staff to contact.

We viewed five people's care files which all showed detailed personalised risk assessments which were specific to the individual's needs. For example, one person had behaviours which might put themselves and others at risk. The service had clear guidance on possible triggers and how to avoid potentially risky situations which might cause an incidence where they may exhibit behaviours which may put them at risk. By completing personalised risk assessments it kept both people and staff members, as well as the wider community, safe. This showed the service had thought about how to keep not only the individual safe, but also those around them without limiting the activities they enjoyed.

We saw that the service had responses to environmental risks, such as checks for legionella, gas and electric safety checks, procedures for the use of equipment as well as actions to be taken in the event of a fire within the home. Staff were clear about what action they should take in an emergency and knew who to contact for support. Each person's support plan contained an 'Individual Fire Evacuation Plan' which provided information for both staff and the emergency services in the event of an emergency. This information was

reviewed annually. We saw where the service had identified concerns where a number of people refused to leave their rooms during fire evacuation drills. The service had consulted with the appropriate professionals and new guidance was drawn up with an action plan as to how the service could manage this and still ensure the safety of everyone living at St James House. We saw that all staff had completed first aid training and were able to deal with emergencies of this kind. The service also had a business continuity plan in the event of an incident such as a fire. This helped to ensure that all people and staff were kept safe in the event of an emergency.

We looked at seven staff files to check whether the service had carried out the required checks to determine staff members' suitability to work with vulnerable people. We saw they all contained an application form and notes from their interview had been recorded, along with two references, a copy of their passport or driving licence displaying a photograph and a check with the Disclosure and Barring Service (DBS). The DBS helps providers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. This showed the service had taken appropriate steps to ensure all their staff were suitable to work with vulnerable people.

As part of our inspection we looked at whether medicines were being administered, stored and disposed of safely. We checked the Medication Administration Records (MARs) for three people as well as checking their medicines. We saw that all medicines, including controlled drugs were administered, stored and disposed of appropriately and in line with the service's policies and procedures. We spoke to staff who explained how medicines were disposed of if they had been refused, and the checks they completed before administering the medicines to ensure the right person received the correct dose at the right time. We saw where controlled drugs were stored correctly and when they had been administered, they had been checked and signed for by two staff members as they are required to do.

We observed staff administering people's medicines as prescribed, explaining to the person what they were being given. People who required medicines 'as required' (PRN), were asked if they needed them. We saw clear protocols in place for when people should be offered them. These were kept with the person's MAR sheet as well as in their care plans and we saw staff had recorded each time the PRN medicine had been offered and taken or declined.

Good

Is the service effective?

Our findings

We saw that people received effective care from staff who knew them well. We observed staff interacting with people who lived at St James House and it was apparent that they knew the people well and understood their needs.

We spoke to staff about the training they had received in order for them to carry out their role. Staff told us they were supported to attend training and those who administered medicines had been competency assessed. We saw training was a mixture of E-learning as well as practical sessions. New staff received an induction to the home which gave them time to shadow more experienced colleagues. Those who were new to the caring role would also undertake training which followed the principles of the Care Certificate. The Care Certificate provides basic training in core areas for staff members who are new to the caring role. This meant staff had received appropriate training for their role in supporting people.

Staff told us they completed mandatory training and were encouraged to do additional training. We saw staff had completed, or were undertaking, vocational qualifications in health and social care and staff confirmed this when we spoke with them. One staff member told us, "I'm doing my NVQ level 3, I've been supported to do this." This showed the service were ensuring staff were appropriately trained in order to carry out their role in supporting people living at the service.

Staff told us they received supervisions regularly and we saw records of these. Supervisions provide an opportunity for management to meet with staff, feedback on their performance, identify any concerns, and offer support, assurances and learning opportunities to help them develop. Records of supervisions showed a formal system was used to ensure all relevant topics were discussed. Where actions were identified the process ensured these were reviewed at the subsequent supervision meeting. The service also supported staff through annual appraisals, which were used to reflect on the staff member's progress and identify and further training or goals.

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.

We observed staff asking for people's consent prior to them providing any care or support. People's ability to consent to aspects of their care had been recorded in their care plans. Where people were unable to give consent, we saw the service had taken time to look at what was in the person's best interest and a decision was made with people who knew the person well. Where the person had no family to support them to make decisions, we saw there was guidance for staff to contact an Independent Mental Capacity Advocate (IMCA) to advocate on their behalf, to look at whether the decision being made was in the person's best interest.

Staff had an understanding in relation to obtaining the person's consent; one staff member told us, "We

always ask for their consent and given them (people) time to respond." Staff also explained how if someone declined support, they would leave the person and try again later, or another staff member would try. Staff had a general understanding of the MCA and how this impacted upon the work they did. The registered manager understood their responsibilities in relation to the MCA and when they needed to consider making a best interest decision, and was providing additional support to staff through team meetings.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We found that all bar one person, living at St James House were either subject to a DoLS authorisation which we had been notified about, or had an application submitted to the Local Authority for an assessment. This showed that the registered manager was aware of when they needed to deprive someone of their liberty in order to keep them safe and the need to apply for a DoLS to legally authorise this.

At the time of inspection the service kept all external doors locked, meaning people living at St James House would need to ask for access outside the building. Only one person was able to go out without the support of staff and they did not require being on a DoLS. The registered manager explained that this person could go out if they chose to, but didn't want to have a key. This showed the service wasn't unnecessarily restricting people's freedom.
People told us the food at St James House was good. One person told us, "The food is nice." Another person confirmed they liked the food. Staff told us they took it in turns to cook; they knew who required a specialist diet and people's preferences. We were told there was a rotating menu, however people could choose something different and there were always alternatives on offer. Meal choices and menus were discussed at residents' meetings and changes were made following these. We saw one person had been referred to the dietician and their diet adapted according to the advice received.

People's care files showed that referrals were made to healthcare services when required. For example when staff noticed a person was having difficulty to swallow, a referral was made to the speech and language therapist (SALT) who came out and assessed the person. We saw that referrals had been made to the GP and other healthcare professionals as required.

Good

Is the service caring?

Our findings

People we spoke with said the staff were caring and kind. One person said, "I like to live here, they (the staff) treat me nice." Family members told us they thought staff were caring.

We observed positive caring interactions between staff members and people living at St James House. We saw staff laughing and joining in banter with some people and taking a more formal approach with other people. This showed staff knew people well and how they preferred to be addressed. Staff were seen responding to people's needs quickly and in a caring way. When communicating with people, staff would get down to the person's level and address them by their name (or preferred name) and spoke clearly. They waited for a reply before they took any action. One staff member was observed, explaining their actions to a person and waiting for them to respond before undertaking the task. Throughout the task, the staff member was heard, reassuring the person and reiterating why they were supporting them to complete the task.

Staff we spoke with told us how they promoted people's independence. One staff member said, "I don't just do things, I encourage people to try themselves. Some people will let you do everything for them and I know we are here to support them, but they are able to do some things themselves so I always encourage them to try. I don't just take over." One person told us, "I do the laundry and washing up."

Most people living at St James House had family members who were involved in their care and who could advocate on their behalf. We saw where this wasn't the case there was evidence to show an advocate had been involved. We saw where possible, people had been involved in the writing of their care plans. Each person had a key worker who was responsible for ensuring the person's care plans were up to date. A keyworker is a member of staff who is responsible for working with certain people, taking responsibility for planning those people's care and liaising with family members.

We saw people being treated with respect and their dignity maintained. Staff told us, "We keep doors closed, knock on them and ask to go in. We ask them (people) consent what they want to do that day and we close the curtains." Another staff member gave an example of when a person was having a shower, they ensured the person had what they needed in the shower and switched the shower on, they maintained the person's dignity by waiting outside the door whilst the person was showering, but remaining close by in order to be there to support the person should they require any assistance. Staff were seen always knocking on people's doors before entering their rooms. All bedroom doors were kept shut and were self-locking. This meant the door could be opened from the inside, but required a key to open from the main corridor. All staff held master keys to enable them to access the rooms with the consent of the person. One person told us, "I have a key." This showed the service supported people to maintain their independence in a safe environment.

We saw people had end of life discussions recorded within their care plans. As part of the care plan updates, staff would discuss end of life care with people to make sure that everyone's plan was up to date. We saw that some people had not wanted to discuss this, but had asked that their family members were asked. This showed the service recognised the importance of end of life care and making plans in advance so that people could be supported to choose where they die and what they wanted to happen after their death.

Good

Is the service responsive?

Our findings

Staff knew people well and were responsive to their needs. All the care plans we looked at had been reviewed and provided details about the care and support the person needed. We saw that people's care plans contained detailed information about their life history, their likes and dislikes and provided information about any identified risks.

Each care plan contained a 'My Traffic Light' where red was things you must know about me, for example, being able to consent verbally. Another person who was at risk of choking, needed support to cut up their modified meal and required a special spoon to eat. Amber was for things which were really important to the person. Green was for support guidance. We saw there was information about the person's communication abilities and any aids they required in order to support them. For example, it was recorded whether a person required glasses and then documented when they needed to see the optician. We saw from their care file that the person had been supported to attend the opticians for an annual eye check. This showed the service had recognised the person's needs may have changed and enabled them to access the correct professional to assess any change in needs.

We saw that each person had an activity plan within their file with guidance to the staff about what a person may want to do. A staff member explained that these weren't always followed as a person may choose to go out and do something else. We saw people accessed various activities within the community such as horse riding, cycling and the zoo. People and their family members confirmed they were supported to engage in activities outside of the service. The registered manager told us that people could do as much or as little as they wanted to and people would often change their minds at the last minute. They ensured there was always enough staff on duty to support people with whatever activity they chose. This showed the service was responsive to the individual's needs and recognised that they may change their mind and ensured there were sufficient staff on duty to enable this.

We asked people and their relatives if they were given opportunities to express their views about the service. We were told they were. We saw minutes from meetings which were held regularly which were used to gather people's views and opinions. The service used these meetings to make changes should any issues occur. For example, changes in the menu and decoration within the service. The minutes were available in picture format to support people's understanding of what had been recorded. We saw pictures of the menus so people could make choices about what they wanted to eat. This showed the service was supporting everyone using the service to make choices and plan their menus.

We saw the service had a formal complaints procedure in place. We reviewed the complaints the service had received and noted they had taken appropriate action in order to try and resolve the issues. There was a clear record detailing the nature of the complaint, the actions taken and the response to the complainant. This showed the service had an appropriate complaints procedure in place which they were following.

Good

Is the service well-led?

Our findings

We asked people and their relatives as well as staff, if they thought the service was well managed. Everyone we spoke with told us they thought it was. One family member told us, "(The registered manager) is very thorough, made some changes and has improved some service users' lives. I like how the service is run." Staff members told us they could go to the manager about anything. One staff member said, "Since (name of registered manager) there have been massive changes, for the better." Another staff member said, "I feel so supported by (name of registered manager)."

All staff we spoke with told us there was an open door policy and felt they could go to the registered manager at any time if they had any concerns or issues.

We spoke with the registered manager about what the greatest achievement had been since they came into post. They told us they were proud of the staff and their achievements in what can be a stressful environment. They had wanted the service to be more about the person as an individual and said that staff needed to be good role models with clear expectations and guidelines to follow in order to keep consistency and work well as a team. The service was all about the person's choice and being proactive. The registered manager explained how the service had been quite task orientated when they had first started. No one was going out and doing activities, now everyone goes out and does things they enjoy and choose to do. The registered manager told us how one person hadn't been out in six years and how they had taken the time to encourage and plan for this person to spend time out of the service. They explained how this person was obsessed with tea and bins, now whenever they go out they take a flask of tea and a packet of crisps. This meant the person had something to focus on doing whilst out and distracted them from the bins.

We saw there was a quality monitoring system in place which was used to audit various aspects of the service, such as medicines, care plans, infection control and environmental risks. There were weekly audits which were completed by the registered manager and staff. Where areas of concern were identified, it was clearly recorded what actions had been taken. For example, we saw a recent audit had identified gaps with staff members' training. Action had been taken and by the time we inspected this issue had been addressed. We saw records of when any accidents or incidents had occurred and what actions the service had taken in response to this. This meant there were systems in place to monitor the quality of the service and appropriate action was taken when shortfalls were identified.

We viewed policies and procedures for the service and saw they were up to date and being followed by staff.

Services providing regulated activities have a statutory duty to report certain incidents to the Care Quality Commission (CQC). We checked the records at the service and that all incidents had been recorded, investigated and reported correctly.

We saw people, their relatives and all staff working at St James House, had the opportunity to feedback on their experiences of the service. People told us they had been asked for their views on how things were and if they wanted any changes to be made. This shows the service was keen to involve those who would be

receiving the care and support. Relatives were also asked for their views and they told us that they could feedback at any time. There were regular relatives' meetings to discuss any concerns or suggestions as to how to improve the service, as well as annual surveys. Staff we spoke with told us there were regular staff meetings and if any concerns were raised, then action would be taken by management. This shows that the management were listening to people, relatives and staff and taking action to make the changes requested.