

Elizabeth Peters Care Homes Limited

St Jude's House

Inspection report

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Catford
London
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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 unannounced inspection took place on 30 January 2016. St Jude's House provides personal care and accommodation for up to 10 people with mental health needs. 10 people were using the service at the time of the inspection.

There was a registered manager in post at the time of this inspection. 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 previous inspection of the service took place on 24 September 2014. The service met all the regulations we checked at that time.

People told us they were happy with the care they received at the service. Staff were respectful of people's dignity and privacy. Staff asked people for their consent before providing them with care and support. Staff supported people in line with their preferences and wishes.

People received safe care and support. Staff understood the types of abuse and neglect which could happen to people and their responsibility to report any concerns to keep them safe. People had received their medicines safely as prescribed. Staff assessed risks to people and had support plans in place to keep them as safe as possible. There were sufficient staff on duty to meet people's needs.

Staff assessed people's needs and had individual support recovery plans which showed the care and support they required. People received support as planned and which met their individual needs.

People contributed to the reviewing of the support they needed and received input from staff and healthcare professionals involved in their care. People's support was in line with the legal requirements of the Deprivation of Liberty Safeguards (DoLS) and principles of the Mental Capacity Act (MCA) 2005.

People accessed the health and care services they needed. People had sufficient food which they liked.

People, their relatives and staff found the manager approachable and open to ideas and feedback. The registered manager held meetings with people to get their views about the service. People understood the complaints procedure. The registered manager had looked at complaints and addressed them in line with the service's procedures.

The registered manager undertook checks on the quality of the service and made improvements when necessary. Staff felt supported in their role to provide care to people. The registered manager worked in partnership with healthcare professionals to ensure people received the support they needed.

Staff attended training and had the skills and knowledge to support people with their mental health needs. Staff felt supported in their roles and received regular supervision. Staff felt confident the registered manager valued their ideas to improve the service.

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. Staff assessed risks to people's health and safety and managed them appropriately. People were protected from the risk of abuse and neglect.

There were sufficient staff available on duty to meet people's needs. Staff supported people to receive their medicines safely as prescribed.

Is the service effective?

Good ●

The service was effective. People received support from staff with relevant skills and knowledge. Staff received support to undertake their role.

Staff supported people in line with the principles of the Mental Capacity Act (MCA) 2005 and the requirements of the Deprivation of Liberty safeguards (DoLS).

People accessed the healthcare they needed and received their choice of food and drink. People gave consent to the support and care they received.

Is the service caring?

Good ●

The service was caring. People told us staff were polite and kind. Staff respected people's dignity and privacy.

Staff involved people in planning for their support and care. People's choices and preferences were known and respected.

People received support to maintain relationships with their friends and family.

Is the service responsive?

Good ●

The service was responsive. People had their health needs assessed and reviewed regularly. Staff had support plans on how to deliver people's care. People received their care and support as planned.

People and their relatives were involved in the planning and

delivery of their care.

People took part in activities of their choice and pursued their interests. Complaints were investigated and resolved.

Is the service well-led?

Good ●

The service was well-led. People, their relatives and staff told us the registered manager was friendly and approachable.

The registered manager welcomed people's views about the service and acted on their feedback. The service carried out checks on the quality of the service and made improvements if necessary.

The service worked positively with healthcare professionals.

St Jude's House

Detailed findings

Background to this inspection

We carried out this inspection of St Jude's House 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 unannounced inspection took place on 30 January 2016 and was carried out by a single inspector.

Before the inspection, we reviewed the information we held about the service including any statutory notifications received and used this to plan the inspection.

During the inspection we spoke with four people who use the service. We also spoke with the deputy manager and three members of care staff. We reviewed three people's care records and their medicines administration records (MAR) charts. We viewed five records relating to staff including recruitment, training, supervision, appraisals and duty rotas. We looked at monitoring reports on the quality of the service. We made general observations of the care and support people received at the service.

After the inspection we spoke with a relative and a care coordinator who supported people who use the service.

Is the service safe?

Our findings

People told us they felt safe at the service. One person said, "I have no concerns. I feel safe here". Another person told us, "I have lived here a long time and staff make me feel secure". A relative told us, "Staff support [person's name] to keep safe in and out of the home".

People were safe from the risk of abuse and neglect. Staff understood the signs of abuse and neglect and knew what actions they would take to protect people from harm. Staff understood their responsibility to report any concerns to the registered manager to ensure appropriate action was taken to keep people safe. A member of staff told us, "We use the organisation's safeguarding procedures to raise any issues about potential abuse to people". Another member of staff said, "I can 'whistle blow' to the local authority safeguarding team if my concerns of abuse are not fully addressed".

Staff kept people's finances securely and managed them appropriately. People told us they received support on how to manage their money and could access it when needed. One person told us, "Staff talk to me about how to keep my money safe. We also discuss how to budget and wisely". Financial records showed staff recorded people's cash withdrawals and expenses and followed the provider's money handling procedures to reduce the risk of misuse.

People were safe because staff had identified risks to their health and safety and managed these appropriately. Support plans were in place and regularly updated to guide staff on how to provide care to people whilst keeping them as safe as possible. People had risk assessments carried out on their environment, fire safety, going out, self-harm and self-neglect.

Staff knew how to keep people safe in the event of any emergency that could arise at the service. Staff were aware of what they had to do if they discovered a fire to protect people. Records showed staff regularly practiced emergency drills to ensure people knew how to evacuate the building in case of a fire. Staff had discussed with people their response times to fire drills and ensured they understood the service's evacuation procedure. The service provided designated smoking areas which staff ensured people used to prevent the risk of starting a fire at the service.

The registered manager monitored the accidents and incidents at the service and ensured staff took appropriate action to prevent a recurrence. Staff kept a log of accidents and incidents and the action taken to protect people from risk of harm. A person had a risk assessment carried out on their mobility after an incident whilst walking about. Staff had reviewed the person's support plan to ensure they received safe care and support.

People had their needs met by a sufficient team of staff. One person told us, "There is always a staff member to give support when required". Another person said, "All I need to do is to ask and a member of staff will come to assist". The registered manager ensured there were always enough staff on duty to support people safely. Rotas showed staff absences were adequately covered and the service managed sickness cover appropriately. The registered manager ensured there were sufficient available to support people as they

required to attend appointments and go out into the community. During our inspection, we saw staff respond to people's requests without delay.

People received support from appropriately vetted staff. The provider used safe recruitment procedures to protect people from the risk of receiving support from unsuitable staff. New staff records included references, full employment history, identity and criminal records checks and their right to work in the country. One member of staff told us, "I only started to work in the service when all the checks had been returned".

People received the support they needed with their medicines to maintain their physical and mental health. One person told us, "Staff remind me to take my medicines which keep me healthy". Another person said, "I get my medicines at the same time in the morning and evenings. The registered manager made regular checks to ensure people had received their medicines safely. Medication Administration Records (MAR) were fully and accurately completed and showed people had received their medicines at the correct time and right dose. Staff followed the service's procedures on managing people's 'as required' medicines for coughs, colds and pains. MAR records showed staff had followed their 'as required' medicines protocol and asked people if they wanted these medicines. They had recorded appropriately what had happened.

Medicines were stored appropriately and managed safely at the service to reduce the risk of misuse. Staff told us they understood people's medicines and only started to administer them when the registered manager had assessed them as competent to do so.

People were supported appropriately when they showed behaviours that challenged the service and others. One member of staff told us, "We understand what action to take when people present behaviours that might cause harm to themselves or others". Another member of staff told us, "We know the situations that can cause a person to become anxious and try to minimise such events from happening". For example, one person preferred to have their meals on their own. Risk assessments showed how staff were to support the person appropriately.

Is the service effective?

Our findings

People received the support they needed to promote their mental and physical well-being. Staff had the appropriate skills and knowledge to meet people's needs. One person told us, "Staff are good at what they do". A care coordinator told us, "Staff contact health professionals when they have concerns about their health".

New staff underwent an induction which ensured they were competent to provide support to people. The registered manager paired new staff with an experienced colleague who supported them to understand their role. Staff completed a formal induction which included meeting people, medicines administration competency assessment and reading of their care plans. Staff had completed all the mandatory training before they started to support people. The registered manager regularly reviewed the staff's performance during the probationary period to ensure they had the right skills and knowledge to meet people's needs. The registered manager assessed staff after they had gone through the induction process and confirmed them in post when deemed competent to support people unsupervised.

Staff attended regular training which ensured they gained the skills and knowledge to undertake their roles. One member of staff told us, "The training gives us up to date knowledge on how to support people". Another member of staff said, "We can request training on relevant courses to improve our practice". Staff had completed training on safeguarding adults, medicines management, first aid and infection control. The registered manager maintained records of staff training and ensured they all had attended the required training to stay up to date with best practice and current research. Staff had received appropriate training which enabled them to support people effectively with complex mental health needs. For example, staff had training about working with people whose behaviour challenged the service and others. A member of staff told us, "I fully understand how to manage difficult situations and how to support people appropriately".

The registered manager supported staff with their development needs to carry out their responsibilities. Staff told us they had regular supervision and appraisals. The registered manager used the supervision sessions to assess staff performance and to establish what they needed to do to improve their quality of care to people. The registered manager had undertaken appraisals on staff performance against set objectives and showed areas for their development and the training they required to develop their skills and knowledge. Records showed up to date notes of supervision sessions held and the discussions on how staff were to support people and their development needs.

Staff understood and supported people in line with the principles of Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager ensured where necessary some people had mental capacity assessments carried by mental health professionals to establish whether they could make decisions about their care and treatment. Staff had arranged for 'best interest' meetings where people lacked mental capacity and were unable to make certain decisions. Records showed all staff had attended training on MCA. Staff told us how they would support a person who may lack mental capacity by looking at the person's past wishes or present which they could obtain from them or family members. People told us they could come and go from the service as they wished. One person told us, "No one stops me from going

out". Staff understood the circumstances in which a DoLS application should be made to the local authority. At the time of the inspection no-one was subject to DoLS.

Staff involved people on decisions about their day to day care and support. People told us staff asked for their consent before they supported them. One person told us, "Staff only assist if I agree to their offer of help". Care records showed how staff supported a person with their personal care and to understand the nature of the decision.

People told us they enjoyed the meals they received at the service. One person told us, "The meals are tasty and varied". Staff undertook the food shopping for people. People told us they met weekly with staff and discussed the menu and what they would like included on the shopping list. Staff encouraged people to have healthy eating habits and promoted fruit and vegetables in their diet. Staff ensured the meals catered for the diverse and cultural needs of all people at the service. Staff prepared fresh food at the service. Some people prepared their own meals and received support from staff with kitchen equipment. Another person told us, "I enjoy preparing my rice and stew once a week". People told us they had access to fruit and snacks at the service and could prepare their own drinks when they wished. Some people went out to local shops and bought their own snacks.

People received support to access the healthcare services they needed. Staff ensured they contacted the person's GP or community mental health team (CMHT) when they had concerns about their general well-being. One person told us, "Staff will help me get an appointment if I want to see my GP".

Staff supported people to attend hospital check-ups and meetings with the CMHT to monitor their recovery. The registered manager ensured staff supported people to attend their annual mental health review meetings to discuss any further support they might need. Records showed the treatment given and any follow up they needed to carry out. Staff monitored people's health and understood when their mental health was in decline and contacted CMHT professionals as appropriate. Records showed staff sought guidance and used the advice given to support people in line with their recovery support plans. They had put the reviewed behavioural support plan in place to support the person. People with complex mental health needs had received support from health professionals and staff had followed advice given on their care and treatment.

Is the service caring?

Our findings

People told us staff were kind and treated them with compassion. One person told us "Staff are caring and polite". Another person told us, "I like the staff. They are always happy to help". A relative told us, "[Relative] is happy at the service and seems well looked after". During the inspection we observed staff greeting people by name and spoke pleasantly to them.

People told us they knew the staff who supported them and had developed positive relationships with them. One person told us, "Staff know my likes and dislikes and respect my choices". Another person said, "Staff know when I am unwell. I discuss with them any issues bothering me". Staff told us they knew people and their communication needs. They said this helped them to understand how people preferred to receive their support. Care records showed people's communication methods and how staff were to get their needs and wishes understood. During the inspection, we saw a person start to be distressed as they waited to speak to a member of staff. A member of staff went to them and reassured them and told us they knew the change of behaviour meant there was something bothering the person. We saw the person appear reassured and they calmed down.

Staff knew people's interests and hobbies including how they preferred to spend their day. People told us staff offered them choices and encouraged them to make decisions in relation to daily activities. One person told us, "Staff know my routine and ask me if I need help with my shower before I go out". Care records showed staff knew people's preferences and supported them in line with their wishes. Staff had information of people's background and mental health and offered them appropriate support to assist them in their recovery. For example, a person told us they liked to go out on weekends and required support from staff to prepare to go out.

Staff respected people's privacy and dignity. During our inspection, we observed staff respect people's personal space. They knocked on their bedroom doors and went in when told to do so. One person told us, "Staff knock and wait to be invited in before they come into my room". Another person told us, "Staff will explain why they need to check things in my room beforehand and ask if this is ok". Staff told us they respected people's privacy but ensured their safety by checking on them if they were at risk of self-harm or starting a fire. We saw staff support a person in a way that promoted their dignity by speaking with them discreetly about their personal care before they left the service.

People received the support they required to maintain relationships with their relatives and friends. Staff told us one person was not at the service at the time of our inspection as they had gone on an overnight visit to a relative. They said they supported the person to arrange the visit as the relationship was important to them. Staff ensured the person took their medicines which they required for their mental health.

People were encouraged to remain as independent as possible. One person told us, "I keep my room tidy and put away my clothes after laundry". Another person told us, "I change my bed linen every week. Staff help bring down my laundry basket and to put my duvet cover back". Care records showed the support staff had given to people and the tasks they asked them to do to develop their confidence and self-esteem.

Is the service responsive?

Our findings

People received support which met their individual needs. Staff involved people in assessing their needs and planning for their support and care. People worked with staff to highlight the support they required with their mental and physical health and daily living skills. The service worked with healthcare professionals who had worked with people prior to their coming to the service who contributed to the planning of their care and support. Care records showed people's assessments had information about their health, background and preferences. People's support plans contained this information and had sufficient guidance for staff on how to meet their individual needs. People received the support they required to participate in the community. For example, one person visited local cafes for breakfast and did their weekly shopping at the nearby shops.

Staff had up to date information of people's health needs and the support they required. People had an assigned member of staff (keyworker) whom they met with every month and reviewed their recovery progress and achieving of their set goals whilst at the service. Staff updated people's care plans to reflect any changes. One person told us, "We talk about the progress I have made in developing my daily living skills and the support I need". Staff worked with other healthcare professionals who contributed to the review meetings. Review records showed staff had discussed with care coordinators and people about the skills they had and those they wanted to develop and their relationships with staff and other people in the service. Care records showed people's development plan and the actions they needed to take to achieve their goals. Staff recorded the support people had received and kept up to date information on people's mental and physical well-being.

People received support to remain as independent as possible in line with their support plans. Support plans showed what people could do on their own and the level of support they required to perform other tasks. One person told us, "I only need reminders to tidy up my room". Staff encouraged people to develop their daily living skills. For example, staff told us they provided minimal support to people with their meal preparation in the kitchen as their support plans showed they were capable of doing most of the activities. Another person told us, "Staff are helping me with planning and budgeting skills". People told us they took turns to lay and clear the table and help with making teas.

People had a planned schedule of individual and group activities which they undertook as they wished. They told us staff supported them to take part in community activities which they enjoyed. For example, people went into the local community and socialised which enhanced their sense of well-being. One person told us, "I like going out to a local cinema". Another person told us, "I attend church services twice a week". Staff supported some people to visit the local library and attend festivals in the community. People were supported to maintain a healthy lifestyle by going out for regular walks and taking part in activities in and out of the community. Records showed how people spent their time in and out of the service and their level of interaction with other people and staff.

The service asked people, their relatives and healthcare professionals for feedback about their experiences about the service. We read questionnaires completed by relatives and a written visitor's book at the service.

The feedback was positive and showed people and their relatives were satisfied with the standard of care and support they received at the service. Visitor's had positive compliments about the service. One person's relative said, "The staff are wonderful. People are well looked after". Another person's relative said, "The home is well maintained".

Staff held regular meetings to obtain people's views about the service. People told us they contributed to the agenda and sometimes led the meetings. Minutes of the meetings showed people discussed changes they wished to see at the service. For example, people had made suggestions about the activities they would like to do and changes they wanted on their menu. Staff encouraged people to discuss any concerns they had about the care and support they received and used the feedback to understand their day-to-day experience of their care. We read the minutes from the previous three meetings and there were no concerns raised.

People and their relatives knew how to raise a concern using the service's complaint procedure. One person told us, "I have a complaint form in my room. I have never used one as I feel I can talk to the manager at any time if I have a concern". People told us they were confident the registered manager would take their concern seriously and investigate the issues. The service kept a record of complaints and ensured they fully addressed any concerns raised. We saw the registered manager had responded and resolved a concern appropriately in line with the service's complaints procedure.

Is the service well-led?

Our findings

People and their relatives spoke highly of the staff and told us the registered manager was approachable. They had positive comments about the service and told us they felt welcome by the registered manager and staff. People told us they were happy because the registered manager spent time with them. One person told us, "The manager comes around for a chat and listens if I have any concerns". A relative said, "The manager is actively involved in the running of the service and ensures [person's name] is well looked after".

Staff told us they felt supported by the registered manager. A member of staff told us, "The manager is always available and listens if something is bothering me". They told us they held regular meetings with the registered manager where they discussed any concerns they had about the service. One member of staff said, "We challenge each other on how to improve our ways of supporting people". Minutes of the previous team meetings showed staff had shared learning experiences from training courses attended. The registered manager had used the meetings to discuss incidents and accidents that had occurred in the service and how to prevent such events from recurring. The registered manager used team meetings to ensure staff understood their roles and responsibilities in relation to the way they supported people and how to promote their dignity and independence.

Staff told us the registered manager encouraged good team working and felt supported by their colleagues. One member of staff told us, "Everyone plays their part. We support each other". The registered manager had clear communication processes which enabled effective sharing of information amongst staff about people's needs and the support they required. We saw staff used handover meetings held at the start and end of each shift to share information about people. Staff used a communication book in which significant issues about people were recorded and read out at the handover meetings. Staff had up to date information on people's health needs, their medicines and finances and understood the support they required before they started working with them. Staff understood the organisation's vision and values and how they used them to support people with their recovery. The registered manager had discussed the vision and values in team meetings.

The registered manager worked in partnership with healthcare professionals and ensured people received appropriate support with their recovery. A care coordinator told us the registered manager involved them as appropriate and ensured people received timely care and support for their mental health needs. They said staff followed their guidance on how to support people to manage their conditions.

Staff told us there was a positive and open culture at the service which empowered them to discuss and improve their practice. They said the registered manager was open to ideas and valued their contributions to improve the service. People and their relatives were involved in the development of the service. The provider carried out surveys about the quality of service and care provided to people and used feedback to improve the service. Results from the December 2015 survey showed people and their relatives were happy with the service. A relative had commented, "People are genuinely happy and cared for" and another had written, "A clean relaxed environment with good support for people".

People had their views considered and acted on. The service sought people and their relative's views about the service through regular contact. Records showed the registered manager had taken into account their views and acted on them. For example, the registered manager had made changes to the types of activities held at the service as suggested from the feedback.

The service adhered to their requirements of their registration with CQC. There was a registered manager in post. The registered manager knew which incidents were to be notified and had submitted statutory notifications to CQC as required. The registered manager recorded and monitored incidents and accidents in the service and had plans in place to minimise recurrence.

The provider had robust audit systems which ensured the service effectively monitored the quality of service. The registered manager carried out checks on the quality of the service and made improvements where necessary. For example, health and safety and building maintenance audits showed the need for a new designated smoking area for people. The provider had put up a safe and comfortable smoking area for people to use. The registered manager carried out regular medicines management audits to ensure people had received their medicines and minimise any potential errors. For example, the registered manager had checked staff had completed all medicines records accurately. Records showed regular reviews of management of people's finances. Staff had taken actions on the issues identified as requiring improvement such as two staff signing for any handling of people's finances. The registered manager checked care plans and ensured staff reviewed and updated them regularly. The registered manager ensured staff had guidance from healthcare professionals and sufficient information to support people with their health needs.