

Elizabeth Peters Care Homes Limited

St Jude's House

Inspection report

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Catford
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

St Jude's House is a residential care home that accommodates up to 10 people with mental health needs.

People's experience of using this service

The provider did not always consider how some safety measures might impact on people using the service. The provider did not make the care plans in an easy read format where some people had difficulty understanding them.

People told us they felt safe using the service.

The provider had appropriate risk assessments in place with guidance for staff about how to mitigate risks.

The provider supported people to take their medicines safely.

The provider supported people to maintain a clean and tidy home.

The provider met people's nutritional needs and supported them to make healthy food choices.

People were supported with their physical and mental health needs and care records contained information on these.

People gave positive feedback about their support workers and told us they were kind and caring.

People's choices were respected in relation to their care and support and staff supported people to maintain their independence.

People's privacy and dignity was maintained.

People told us they were involved in the formulation and review of their care plans.

The provider had an appropriate complaints procedure and people told us they would feel comfortable making a complaint if needed.

The service worked in partnership with other professionals to achieve good outcomes for people.

We received positive feedback from professionals who worked in partnership with the service.

Rating at last inspection

At the previous comprehensive inspection the service was rated as Requires improvement. We went back in January 2019 to do a focused inspection and check that they had made the necessary improvements.

During this inspection we identified issues in safety and governance and the service was rated as Requires improvement. (Report published 04 March 2019).

Why we inspected

This was a planned comprehensive inspection based on the previous inspection rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection guidelines. We may inspect sooner if any concerning information is received.

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

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.

Is the service effective?

Good ●

The service was effective.

Is the service caring?

Good ●

The service was caring.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

St Jude's House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

St Jude's House is a 'care home' which accommodates 10 people in one adapted building. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of our inspection was unannounced. The provider knew that we would be returning the next day.

What we did before inspection

We looked at information we held about the service. This included details about incidents the provider must notify us about, such as allegations of abuse and serious accidents and incidents. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

During the inspection

We spoke with seven people who use the service and one relative.

We spoke with the quality assurance manager, the registered manager, deputy manager and three support workers.

We reviewed four people's care records, and the recruitment and training records of four support workers.

We also looked at safety and maintenance records of the building and quality assurance records related to all aspects of the management of the service.

After the inspection

We received feedback from two health and social care professionals who worked in partnership with the service to plan, arrange and commission care for people who used the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This meant people were safe and protected from avoidable harm.

At the previous inspection we found a breach of regulations relating to food safety. The provider sent us an action plan, and on this inspection, we could see that these issues had been resolved.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with said they were confident that the service was keeping them safe from harm. One person said, "It is very safe, they are good staff."
- Policies in relation to safeguarding and whistleblowing were in place and staff received training in this area.
- Staff showed a good understanding of safeguarding procedures when we spoke with them. They knew who to inform if they had any concerns about abuse or safety and how to escalate their concerns if they were not satisfied they were being taken seriously.
- People were protected from financial abuse and there were systems in place to manage people's money if they were not able to manage this themselves. People who managed their own money told us that staff reminded them to be careful and "keep their money on them".
- The registered manager was aware of their responsibility to report safeguarding concerns to relevant organisations including the local authority and CQC. We saw evidence of how the service managed safeguarding alerts, including liaising with the local authority and carrying out investigations.

Assessing risk, safety monitoring and management

- We found evidence that the service identified, assessed, and regularly reviewed risks to people and had developed strategies to mitigate these. These included risks from behaviours that challenged and working in partnership with mental health professionals to mitigate these. Staff we spoke with could demonstrate a good understanding of people's behaviours, possible triggers that might upset them and what to do to help de-escalate situations if they occurred.
- Personal evacuation plans were in place in easy read formats which described what support people needed to evacuate the building safely if there was a fire in their home.
- At the last inspection we found safety concerns that had not been identified or addressed by the registered manager. There was carpet on the stairs that caused a trip hazard and we found an extension cable that was in use despite evidence that it had been charred from previous overloading. The manager had addressed these concerns and there was evidence that staff now identified ongoing maintenance issues and took steps to resolve these.

Staffing and recruitment

- Recruitment practices were safe. Staff were employed based on previous skills, experience and personal values to ensure that they were suitable to work with people at the service.

- There was a system in place to ensure that all pre-employment checks were completed before staff started work. Checks included people's right to work in the UK, employment history, references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS provides information on people's background, including convictions, to help employers make safer recruitment decisions.

Using medicines safely

- People told us that they were supported to take their medicines on time.
- Staff who supported people to take their medicines had completed appropriate training and had been assessed as being competent in this area. Staff we spoke with demonstrated a good understanding of safe medicines administration and knew what to do if there were any errors or concerns with people's medicines.
- People's medicines stocks were checked weekly by the deputy manager or another senior member of staff and any errors identified were investigated.
- We observed people being given their medicine and could see that there was a safe system in place and staff followed safe practices. We checked the recent medicine records and they were all completed correctly.
- The service was also working with a local pharmacy service (LIMOS) that has been commissioned to give support to care providers to improve safe medicine administration procedures and to provide training and guidance to staff and managers.

Preventing and controlling infection

- People told us they felt the service was kept clean and hygienic. When we asked one person if the service was kept clean they told us "yes [the staff] are always cleaning".
- During the last inspection we identified that the storage of medicine cups was not safe as they were left to dry on an unhygienic surface after being washed. The provider had bought a specialist drainer to allow the medicine cups to dry without risk of contamination.
- In the previous inspection we identified issues with the recording of fridge temperatures and there was a lack of food hygiene training for the staff. The provider had taken action to resolve these issues and we could see that fridge temperatures were now being recorded properly and food items remained at safe temperature levels to avoid the risk of harmful bacteria. Staff had received basic food hygiene training.
- The service had received a rating of 5 from the food standards agency and the kitchen was clean and well organised.

Learning lessons when things go wrong

- Staff understood their responsibility to report all accidents and incidents and took the necessary steps to make situations safe.
- There was an on-call manager on duty to support staff when there were incidents that might cause harm to people who use the service or staff. One person told us, "If I have any problems when the manager is not here I would definitely call the on-call manager for help".
- The registered manager and deputy manager reviewed all incident reports and analysed them for patterns and took steps to put in additional measures where appropriate. We saw that the manager had identified an increase in behaviours that challenged and convened a mental health review meeting with other professionals to review the risks and care plans for some people.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Assessments of people's needs were carried out by an experienced senior manager and clear outcomes were identified for each person. Care and support plans were reviewed regularly in consultation with people and mental healthcare professionals, social workers and relevant family members.
- We saw evidence that staff understood people's needs and personal interests. Care plans contained detailed information about people's history, likes and dislikes and needs around all aspects of their care and support.
- Staff demonstrated a very good knowledge of the people they supported.
- People using the service sometimes had behaviours that could challenge and there were plans in place to help reduce these and guidelines for staff to follow to help de-escalate situations.
- We received positive feedback about how the staff tried to ensure people's individual needs were met. One professional said, "Staff go out of their way to ensure each resident is listened to and make arrangements to ensure individual wishes are met where possible."

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to be able to perform their roles effectively.
- New staff had a comprehensive induction and probation period to ensure they were competent to deliver care and support for people with mental health needs. One member of staff told us, "The induction was great. When I started I worked alongside the manager and my other co-workers supported me. Everyone made me feel very welcome."
- The service offered a range of ongoing training including NVQ 2 in health and social care to ensure staff continued to develop skills and knowledge and meet the needs of people using the service. Staff told us they received specific training around the needs of the people they supported. These included, mental health induction, managing challenging behaviour, psychotic episodes and social isolation.
- Staff we spoke with said they felt supported by their manager and had regular supervision and an annual appraisal and records we saw confirmed this.

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

- People were supported to prepare and cook food they liked and maintain a balanced diet. However, we received mixed feedback about the quality and choice of food. We received comments about the food such as, "some is alright, some bad, there is a choice, yes" and one person said the food was "nice but not really 24/7". The provider had identified that people were not completely satisfied with the food and were taking steps to improve this by consulting with people and introducing different options.
- The service worked in partnership with dieticians when people needed extra help and guidance around eating for specific health problems.

- The service ensured that fresh fruit and snacks were available at all times.

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

- We found the service to be homely and decorated with personal artwork that had been made during arts and crafts sessions.
- Since the last inspection the provider had consulted with people and stopped the use of one of the internal rooms as a smoking room. All smokers now used the external smoking area in the garden.
- People told us they had been supported to make their room personalised and could choose the decoration and furniture they wanted.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain their physical and mental health and people confirmed that they were supported to see a GP when they needed to.
- A hospital passport had been developed for one person using the service due to their specific communication needs. The provider told us they would create a hospital passport for everyone who used the service so that key information could be shared with hospital staff if people needed to stay in hospital.
- We saw evidence that staff had contacted a range of health care professionals where there were concerns about people's physical health or mental health and ensured that information was shared between professionals.
- Care plans and risk assessments had information about people's physical and mental health needs including guidelines for supporting people and who to contact if there were concerns about someone's mental health.
- Staff recorded people's weight, blood pressure and pulse on a regular basis and shared this information with the relevant healthcare professional when required. Some people with diabetes were also being supported to record their blood sugar levels on a weekly basis and these records helped medical staff have a fuller understanding about how people were managing their condition.
- We received positive feedback from healthcare professionals about how the service supported people to access healthcare services. One healthcare professional told us, "In my experience staff are vigilant in alerting the GP if they are concerned" and "Staff have also referred one of my patients to the community dietician for advice regarding appropriate diet."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- At the time of the inspection there were two DoLS authorisations in place. Two people who had been assessed as needing 24-hour care and support and were not free to leave without a member of staff. The

service had made all the necessary applications for these people and they had records to show they had been authorised by the local authority.

- Staff had received mental capacity training and could demonstrate examples of how they offered choices and asked people's consent when supporting them with day to day care needs. One staff member told us, "Of course they need to consent to everything, it is respecting them as a person... we always discuss everything to make sure they agree to our help." Staff also explained what they would do when people were unable to make decisions for themselves. This included having best interests meetings and consulting relevant people such as other professionals or advocates if people did not have support from family members.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People said they experienced a kind and caring service. We received comments such as, "staff do listen, help you if you want" and "we are treated with respect and dignity."
- We observed many examples of kind and compassionate care for people experiencing anxiety or distress. Support workers described how they supported people when they were upset or exhibiting behaviours that challenged. One member of staff told us, "If people are upset, I find a way to communicate with them. The most important thing is to build a rapport and know them well. If you know their needs and you are kind and patient, you will get on very well."
- We received positive feedback about the culture of the team. One support worker told us, "I am happy I am working with this team, we work together and help each other as we all have different strengths and weaknesses."
- Care plans contained information about people's religious, spiritual and cultural needs and people were supported to attend religious services if they could not do this independently.
- One professional told us, "I have witnessed staff's kindness and compassion to residents on many occasions."

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

- People were involved in making decisions about their care and took an active part in their review meetings.
- Staff told us how they supported people to make every day decisions about their care and support. Staff explained that people's mental health fluctuated, and they often made decisions that could be perceived as unwise or detrimental to their health. In these circumstances they offered advice and guidance in ways that people could understand to help them make healthy choices.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect.
- Staff we spoke with explained how they promoted people's privacy when carrying out personal care tasks. Support plans also explained when some personal topics might need to be discussed sensitively as people were at risk of becoming upset or displaying behaviours that challenged.
- The service focused on supporting people to become as independent as they wanted. Most people living at the service were able to travel in the local community independently and some people were being supported to cook with staff supervision if they needed it. One member of staff told us, "We try to keep them as independent as possible with everyday things. Everyone is different, some people take an interest in keeping their room clean and tidy, but some are not so keen. Some people like to do their own cooking. We

treat everyone as an individual and keep encouraging them to keep their skills."

- We received positive feedback from professionals who worked with the service. One professional said, "It is always heartening to visit a home where the staff have in-depth knowledge of their residents. The care is highly personalised, and the care plans are detailed and thoughtful and made in conjunction with the resident... Staff are consistently friendly, welcoming, helpful and accommodating of me when I visit."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Requires improvement: This meant people's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were not always consulted on aspects of the running of the home. At the time of our inspection the service kept the communal kitchen locked and people needed staff to give them access. When we discussed this with the registered manager they told us that they did this as they had identified some individuals as being at risk if they accessed the kitchen without staff supervision. However, the service had not made a clear record of these risks or the rationale for keeping the kitchen locked. They also had not considered what impact this might have on the other people who lived there. After we discussed this with the registered manager they took steps to consult with people and issued entry cards so people who wanted to could access the kitchen when they wished.

- We saw evidence that the service offered a range of regular in-house activities for people to engage in on a daily basis but not everyone took part in these. During the inspection we observed people enjoying an arts and crafts activity. However, some people were not positive about the activities on offer and we received comments such as "the activities are not always good", "we don't do any trips" and "I don't choose to do them." We discussed this with the deputy manager and the quality assurance manager and they said they would consult with people to see if they wanted to take part in other activities.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We saw evidence that some documents such as activity charts and personal evacuation plans had been made in an easy read format to help people understand them. However, we identified that the individual care plans were not accessible to people with difficulty with literacy. One person told us they were "dyslexic so couldn't read" their care plan. The provider told us that they were working on an easy read care plan summary which would help all people understand them better.

Improving care quality in response to complaints or concerns

- There was an effective system in place to respond to complaints from people who use the service.
- The service had a complaints procedure which explained how to make a complaint if someone was unhappy with the service and what the management would do to investigate. No recent complaints about the service had been received so we were not able to see how the policy was put into practice.

End of life care and support

- The service had an end of life policy but at the time of our inspection the service was not providing end of

life care for people using the service.

- The service had supported many people to make future plans for their funeral and these were reviewed regularly as part of the care plan review.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

At the previous inspection we identified issues with the leadership and the quality assurance systems within the service. Audits did not always pick up on areas of concern and recording systems were difficult to manage and were incomplete. They were also not displaying their ratings from the previous inspection correctly. At this inspection we found that the service had resolved many of the issues that were identified in the previous inspection. However, we identified further issues that had not been identified through the quality assurance systems and processes.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider was not always promoting person centred care. The service had not considered the locked kitchen to be a restriction on people's liberty and had not consulted people who were affected by this. We informed the registered manager of our concerns and as a result they risk assessed this activity and issued entry cards so people who wanted to access the kitchen now can.
- Professionals, we spoke with were confident in the planning, management and delivery of care and support.
- The service was now meeting their responsibility to display their inspection rating within the service.
- The service notified the Care Quality Commission about important events or serious incidents that occurred at the service.

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

- Staff understood their role and were clear about when they would need to seek guidance and support from a more senior member of staff.
- The service had introduced a new electronic recording system that was now well embedded and being used by the staff to record key information such as care plans, risk assessments and daily observations and notes.
- Staff told us they felt supported to carry out their role and had regular supervision and training and the management team were accessible and supportive. We received comments such as, "All the managers are very supportive" and "They are like a family here."
- There were regular shift handovers which covered areas such as medicines, finances, recent health updates and any other significant information such as appointments and activities.
- There were systems in place for the day to day monitoring of the service. The registered manager delegated this to the deputy manager when they were not there. We saw evidence of weekly meetings

attended by the registered manager, deputy manager and quality assurance manager. We were also told that the deputy manager would be applying for the position of registered manager and have responsibility for the ongoing oversight of the service.

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

- We received mixed feedback from people about how the service asked for feedback. People said things like "once in a blue moon they will ask if anything is wrong" and "we've not been asked recently... meetings are every three months."
- We saw evidence that the service conducted an annual satisfaction survey. The feedback was mainly positive and where people said they were unhappy about something the service made an action plan to address these issues. The recent plan included improvements such as, more choice around food options and more allocated one to one time for keyworkers to do external activities with people.
- We also saw evidence of recent residents' meetings that had been convened. Despite this, people we spoke with gave mixed feedback about whether they were consulted properly about the running of the service.
- People were allocated keyworkers who took more responsibility in keeping up to date with key areas of people's care and support needs and communicating these to their colleagues. At the time of our inspection the service was not documenting regular keywork meetings for everyone using the service, which meant the keywork system was not always effective in supporting people to express their views. We spoke with the quality assurance manager and they said they would consult with staff and re-introduce regular keywork meetings.

Continuous learning and improving care

- There was insufficient evidence of continuous learning and improving care.
- We found evidence of regular quality audits of the service and actions taken when issues had been identified. However, some of the issues we found around consultation had not been identified by the service. We discussed this with the registered manager and they have now consulted with people about some of the issues we identified.

Working in partnership with others

- The service worked in partnership with social workers, occupational therapists and mental health practitioners to work towards positive outcomes for people using the service. We received positive comments from professionals about how the service supported good partnership working. Whilst we were carrying out our inspection we observed visits from a social worker and an occupational therapist who worked closely with the service to meet the needs of the people using the service. One professional said, "The service has always communicated well with me and my service and always respond quickly and provides appropriate information when needed."