

Standwalk Ltd

St James House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 23 and 24 October 2018 and the first day was unannounced. The previous inspection was carried out in September 2016 and the service was rated 'Good' overall. This inspection was prompted in part by notification of an incident following which a person using the service sustained a serious injury. This incident is subject to a criminal investigation and therefore this inspection did not examine the circumstances of the incident.

The information shared with CQC about the incident indicated potential concerns about the management of risk of choking. This inspection examined those risks. We found these risks were mitigated and that the provider had implemented several control measures to help reduce the likelihood of future incidents occurring.

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

St James House is a converted church located in the Rusholme area of Greater Manchester. Accommodation is provided over three different levels, accessed by either a passenger lift or stairs. Rooms on the ground floor share communal toilet and shower facilities. On the upper floors, the accommodation comprises single en-suite rooms and two self-contained flats. Each floor has its own kitchen, lounges and dining areas.

The care home is registered with the CQC to accommodate up to 15 people with a learning disability and/or autism. At the time of this inspection there were 13 people living there.

The service delivered care and support that was in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

During this inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicines were not managed effectively, food was not always safely labelled, suitable arrangements were not in place to ensure people were protected from the risks of cross infection; assessments did not always identify need and systems in place to assess, monitor and improve the quality and safety of the service provided were not effective. You can see what action we have told the provider to take at the back of the full version of the report. We also made two recommendations relating to nutrition and reviewing equality and diversity awareness and training for all staff.

There was a manager in post who had been registered with the Care Quality Commission since September 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.

Medicines were not always managed safely. Some medicines were not dated upon opening and where people received time-specific medication, times of administration had not been recorded.

People were not protected from the risk of infection. Cleaning equipment was dirty and records of cleaning undertaken were incomplete. The lack of cleaning in some communal areas was evident on both days of our inspection. Improvements were also needed within the laundry to ensure good infection control systems were in place.

Where assessed needs were identified, detailed and specific care plans were in place and provided sufficient information to help staff support people according to their needs. Assessment of risks to providing that care was also included. Care records we looked at were kept up date through regular reviews. However, when we discussed the specific needs of people relating to sexuality, we found the service could benefit from further training on this subject and we have made a recommendation associated with this.

The provider did not have effective systems in place to monitor, review and assess the quality of service to help ensure people were protected from the risks of unsafe or inappropriate care.

Current menus we looked at showed there was a variety of meal choices including fruit and snacks. During our inspection, most of the meals on offer were ready-meals. We asked the provider to review food and drink offerings to ensure they were varied, suitable and nutritious.

The provider's recruitment process helped to ensure staff employed were suitable to work with vulnerable people. All relevant documentation including references was collected prior to staff commencing employment.

Staff were aware of their responsibilities in protecting people from abuse and could demonstrate their understanding of the procedure to follow so that people were kept safe.

Staff had the right knowledge and skills and received continuous support to function in their roles. Relatives told us staff were competent. Staff received an induction and mandatory training prior to working with people. There was evidence that staff were supported with ongoing training as required.

The requirements of the Mental Capacity Act 2005 were being met. Appropriate arrangements were in place to assess whether people could consent to their care and treatment.

The service supported people to access relevant health care professionals and medical attention. Care records evidenced the provider had good links with people's health care professionals.

People and relatives told us staff were kind and compassionate. Staff carried out their duties in a professional and friendly manner and were seen to support people in a patient and unhurried way. People were treated with dignity and respect; we spoke with the registered manager about exploring how communal toilets and bathrooms could be locked without compromising people's safety.

People's independence was encouraged according to their abilities. This was evident through our observations and conversations with people and staff.

There was an effective complaints process in place and people had information about making a complaint. This was provided in an accessible format.

Where these needs were assessed and planned for, people were supported to participate in activities within the home and the local community which helped to promote their independence and choice.

There were policies and procedures in place to provide staff with the appropriate guidance and support to carry out their roles.

Regular staff and management meetings were held which gave the staff and management teams the opportunity to discuss their work with peers.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Medicines management needed to be strengthened to ensure people received medicines at the correct times and that medicines were stored appropriately.

Cleaning schedules were not always followed and checked as completed. This put people at risk of infection and cross contamination.

Risk assessments were in place to help ensure safe care and treatment was provided.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

We asked the provider to review food and drink offerings to ensure they were varied, suitable and nutritious.

Staff underwent induction and had training. However during our discussions with staff we found aspects of training needed to be reinforced.

The service ensured people had good access to health services and maintained good links with healthcare professionals.

Is the service caring?

Good ●

The service was caring.

The interactions between people and staff were kind and caring.

Care plans contained information about people's ethnicity and cultural and religious beliefs.

Records were stored securely so that people's privacy and confidentiality was maintained.

Is the service responsive?

Good ●

The service was responsive.

Care plans provided detailed information about people's backgrounds, likes and dislikes.

There was an effective complaints process in place. People and relatives told us they knew what action to take if they needed to complain.

People's end of life wishes were considered and recorded in their care plans.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

The culture at the service was not always inclusive and we found evidence where one person's human rights were not considered.

Quality monitoring systems in place needed to be more robust. Current processes did not provide sufficient overview of the standard of service provided.

The registered manager had made appropriate notifications of incidents to the Care Quality Commission as required by law.

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 checked 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.

The inspection was prompted in part by notification of an incident following which a person using the service sustained a serious injury. This incident is subject to a criminal investigation and as a result this inspection did not examine the circumstances of the incident.

However, the information shared with CQC about the incident indicated potential concerns about the management of risk of choking. This inspection examined those risks.

The inspection team comprised of one inspector and an assistant inspector. As this inspection was prompted by a specific incident, the provider was not asked to complete 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 information we held in the form of notifications received from the service, including safeguarding incidents, deaths and injuries and we also liaised with Manchester City Council safeguarding and commissioning teams and Greater Manchester Police.

During this inspection we spoke with two people who used the service and one visiting relative. We also completed a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with seven members of staff including the registered manager, deputy manager and support workers.

We looked at records relating to the service, including three care plans and associated documentation, four staff files including recruitment, training and development, quality monitoring records, policies and procedures, and records relating to the safety of the building, premises and equipment.

Is the service safe?

Our findings

This inspection was prompted in part by notification of an incident following which a person using the service sustained a serious injury and subsequently died. This incident is subject to an ongoing investigation and as a result this inspection did not examine the specific circumstances of the incident. However, initial enquiries carried out by CQC regarding the incident indicated potential concerns about the risks associated with safely supporting people who need assistance with eating and drinking. This inspection examined those risks.

Following the specific incident, the registered manager and provider carried out a preliminary investigation and implemented several control measures to help reduce the likelihood of future incidents occurring. We saw these measures included introducing a 'Mealtime Support Overview Sheet' for the kitchen which identified people's specific needs around eating and drinking, referrals to speech and language therapy (SALT) assessments and reviews of people's eating and drinking support guidance sheets and risk assessments. We asked the registered manager what systems were in place to ensure that staff were following the guidelines. They told us staff had had direct observations (or spot checks) of how they prepared meals, including ready-meals, and supported people at meal times. These were carried out by senior support workers and signed off by the registered manager. The registered manager had recirculated people's eating and drinking support guidance sheets and risk assessments for staff review. We saw staff had read and signed these documents, acknowledging they understood what was required and the risks involved.

We found some examples where medicines were not always managed safely. One person's 'as required' paracetamol medication (in liquid form) had not been dated when opened. Expired medicines may cause risk of harm to people or else be ineffective. On another person's medication administration record the times when prescribed paracetamol was given had not been recorded. Medicines such as paracetamol require a minimum time interval between doses to prevent harm to people's health which may result if doses are given too closely together. The use of thickeners was not always recorded when administered.

Temperatures taken for the medicines cabinet ranged between 20 and 25 degrees Celsius. Staff told us temperatures were taken in the morning time. There were currently no contingency plans in place should the temperature go over the recommended range.

People were at risk of harm because the provider's systems around infection control and prevention were not sufficiently robust. The registered manager did not have an adequate overview that cleaning tasks were completed. St James House employed a dedicated cleaner for two days a week. The registered manager and deputy manager told us the service was in the process of recruiting another cleaner, which would help to ensure cleaning tasks were managed more effectively. Support staff were expected to and told us they carried out daily cleaning duties on the other days. Staff had specific cleaning duties such as bathroom and toilet cleaning. On both days of our inspection, we found the ground floor shower room had not been cleaned. We brought this to the attention of the deputy manager on the first day of our inspection and to the registered manager on the second day. We observed the shower room being cleaned by the provider's

maintenance staff on day two of our inspection.

These issues were a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We did not see any records checks of daily cleaning and the night staff's cleaning records we looked at had not been signed off as checked and completed by shift leaders.

However, we observed staff demonstrating good practice in minimising the spread of infection, for example, their use of personal protective equipment such as gloves and aprons and good handwashing techniques.

The service had a small laundry room. Staff were responsible for laundering people's items or supporting those people who were more independent. The room was disorganised and cluttered with laundry baskets. There was no clear 'dirty to clean' flow identified as best practice. We saw clean clothing folded and placed on the washing machine and dryer.

We discussed our inspection findings with the registered manager and referred our concerns to the public health team at Manchester City Council.

Staff had sufficient knowledge and support to ensure people living at St James House were safe from abuse. Staff we spoke with knew what action to take if they suspected abuse was taking place. The registered manager kept a record of safeguarding incidents referred to the local authority and CQC which contained actions and outcomes of how incidents were investigated.

We looked at how accidents and incidents that happened across the home were reported and dealt with. We found these were recorded in line with company policies and procedures and reported to relevant authorities such as the local authority and CQC. There was a monthly summary of the identified types of incidents and actions taken as a result to help prevent future occurrences. However, we noted there was no analysis of all the incidents that took place across the home. This would help to identify any common themes and lessons learnt processes.

We looked at three care records which contained risk assessments. These identified any potential risk to a person's health and wellbeing and the action required to manage those risks such as moving and handling, behaviour and nutrition. We found these provided ample guidance to help staff manage people's risks safely. Assessments were reviewed monthly or when a person's circumstances changed.

Recruitment processes were sufficiently robust to ensure suitable staff were employed to work with vulnerable people. We reviewed four staff recruitment files and found they contained the appropriate documentation such as application forms with employment histories and explanations for any employment gaps. There was photographic identification, written references from previous employers and details of Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Appropriate premises, maintenance checks and assessment of risks were carried out to help ensure the home's internal and external environments were safe for people, staff and visitors. Checks carried out included fire safety equipment, fire safety inspection, electrical systems, hoists and the passenger lift and water systems. Actions identified were progressed to help ensure people's safety and wellbeing. The Greater Manchester Fire and Rescue Service inspected the home in October 2018 and found them broadly compliant. We saw actions identified within the inspection had been progressed.

People living at St James House had up to date personal emergency evacuation plans (PEEPs) which provided information to both staff and emergency services for safe evacuation in the event of an emergency.

Is the service effective?

Our findings

The registered provider had processes in place to assess people's needs before they started living at St James House. Areas looked at included people's life history, physical, mental health and social needs, interests and preferences. This information was used to develop detailed support plans and health action plans.

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

The provider ensured they worked within the principles of the MCA. For example, we found people had been assessed in line with the MCA to determine whether they had capacity to make specific decisions and whether a DoLS authorisation was required. Where needed applications for DoLS had been submitted to the relevant local authority. The registered manager kept a record of DoLS issued and when these needed to be reviewed. However, we found some staff's knowledge around MCA needed to be strengthened to ensure people's rights were consistently safeguarded.

People told us staff always sought their consent before undertaking any task. During our inspection we observed staff asking people's permission before carrying out any task. One relative told us, "Yes the staff always ask [person] first before they do anything." People's ability to consent to aspects of their care had been recorded in their care plans. Where unable to do so, the service had involved the relevant people and professionals in making decisions that considered the person's best interest. Some people had independent advocates to support them in making decisions in their best interest.

People were supported to maintain a balanced diet but we found the provider needed to ensure that meals on offer were varied and of suitable quality. We found aspects of unsafe food handling which could put people's health and wellbeing at risk of harm. These included food items in the fridge not being dated when opened and incorrect or no use-by dates. Staff told us they monitored food temperatures but when we asked to see records of this they were not readily available.

We observed food supplies consisted of frozen vegetables and meat, store purchased ready-meals, tinned foods and bottled sauces. There was a selection of fresh fruit available. We recommend the provider ensures there is a diverse and culturally appropriate choice of suitable and nutritious food and drink.

Staff were responsible for preparing meals as the service did not have a dedicated chef. The service used a rotating three-week menu which the deputy manager told us would be reviewed shortly. On both days of our inspection we observed staff preparing meals; this included heating ready-meals and making

sandwiches. As previously discussed in the Safe section, staff showed us the recently implemented 'mealtime support overview sheet' and when asked, they knew the requirements of each person such as which people required food to be prepared to a particular consistency (soft/moist) or cut up into smaller pieces.

We observed the preparation of lunch on both days; this appeared a bit chaotic, with staff struggling to prepare 13 meals, keep them hot while plating up and dispatching to the various floors. People's meals were covered with cling film and labelled to ensure each person received the meal that was intended for them.

We observed the dining experience across the service. Where needed we saw staff supported people in a kind and unrushed manner. People appeared to enjoy their meals and we heard one person commenting that their lunchtime meal of shepherd's pie and vegetables was "delicious".

We looked around the kitchen and found the environment was clean. The Food Standards Agency's last inspection and rating was done in November 2017 and the home had been rated a '5' which is the highest award. As discussed earlier in this report, we saw information about people's specific dietary requirements and food preferences were now kept in the kitchen.

The provider ensured staff were appropriately trained and supported to carry out their roles within the service. Staff training records we looked at identified new staff underwent a corporate induction and enrolled on the Care Certificate. The Care Certificate provides basic training in core areas for staff members who are new to the caring role. Staff also undertook specific training considered mandatory by the provider. Topics included safeguarding, autism awareness, food hygiene and equality and diversity. These were delivered using a range of methods such as e-learning and classroom environments. Staff told us they shadowed experienced colleagues prior to delivering support on their own. When speaking with staff however we found their knowledge on the topic of sexuality and the complexity of issues associated with this client group required reinforcement. We recommend the provider review staff awareness and training on the specifics of sexuality of this client group in line with national guidance.

Staff had regular supervisions and annual appraisals with their line managers. Staff told us they were supported by the managers and that they could turn to them for advice and help when required.

Where required, the provider worked with other organisations to ensure the effective delivery of care and support. People's care records evidenced the service's involvement with social work teams, health practitioners and advocacy workers.

There were adequate processes in place to help ensure people had good access to the health services they needed. Evidence in people's care records demonstrated the care home had acted appropriately to address people's health needs, for example, doctor visits and medication reviews and other healthcare professionals as required. Following the incident discussed in the background of this report, we saw the registered manager had made the relevant referrals to speech and language therapy (SALT). We saw the service acted in consultation with relatives and advocates.

St James House is a converted church. Accommodation is spread across three floors and each floor is adequately equipped with its own kitchenette, lounge and dining areas. People's rooms were personalised to their own tastes and in a manner that kept them safe. People living at the service also benefitted from in-house facilities such as a multisensory room, gym and a hydro pool. The provider was in the process of restoring its sensory garden.

Is the service caring?

Our findings

Care plans contained information regarding people's ethnicity, religious and cultural beliefs. Staff we spoke with undertook training in equality and diversity and gave us some examples of how they provided support to meet the diverse needs of people including those related to disability, gender, ethnicity and faith. For example, we saw the home ensured people of Caribbean heritage had good links with a local cultural centre. However staff's awareness and understanding of meeting people's sexual identity needs needed to be improved.

During this inspection we spent time speaking with people and staff. We also observed how staff interacted and supported people in meeting their individual needs. There was a good rapport between people and the staff. Throughout our inspection, we observed friendly discussions and positive interactions between people and staff. Staff worked well as a team to ensure people were cared for and supported according to their needs and abilities. It was clear from people's demeanour that they were happy, settled and felt included living at St James House.

Daily routines were flexible with people rising and retiring when they wished. On the first day of inspection we saw the morning routine was relaxed with people having their breakfast when they wished. People chose where they spent their time, either with others in the communal lounges or the privacy of their own rooms.

The staff and managers knew the people well and were able to support them according to their individual needs as identified. We observed staff were knowledgeable of people's personalities, likes and dislikes. Two staff members told us during their induction they read people's care records to familiarise themselves. We could substantiate this information through our review of people's care records and in our conversations with people. Information was provided, including in accessible formats, to help people understand the care available to them.

People, with the support of their relatives or advocates, were involved in making decisions about the support they received. Care records we reviewed confirmed this. One person we spoke with told us they could talk with staff if they had a problem and that staff listened to them and helped them sort things out.

People were treated with dignity and respect. We saw that staff knocked on people's doors before entering their rooms and respected when people wanted some 'quiet' time on their own.

We found an example of how people's dignity and privacy may be compromised because ground floor toilets and shower room on the ground floor were not lockable. We spoke with the registered manager who agreed to consider looking at suitable and safe options to remedy this issue.

Confidential information relating to the people supported and staff personnel were stored appropriately in the office and only accessed by staff authorised to do so. We observed discussion of confidential information about people was done appropriately.

Staff supported and encouraged people to maintain their independence. We observed one person assisting staff with various tasks around the home. One staff member said, "I always encourage people to try to do things for themselves."

Is the service responsive?

Our findings

Care plans were comprehensive and provided detailed information about people's backgrounds, likes, dislikes, physical, mental health and communication needs and impairments such as sight and hearing loss. In the care plans we reviewed, we found the care planning process did not fully explore people's sexuality. We have made a recommendation around staff awareness and training in the Effective domain.

Care plans had been written with the involvement of people, their relatives and/or their advocates. Documentation provided staff with good explanations about how each person wanted to be supported. Reviews were completed monthly to ensure information was accurate and up to date.

The service met the accessible information standard (AIS) requirements. The Accessible Information Standard (AIS) was introduced by the government to help ensure people with a disability or sensory loss are given information in a way they can understand. This was evident in people's care plans and associated documentation which included information in easy read versions and with pictures.

People had information, in an accessible format, about how to raise concerns and complaints. The service dealt with complaints effectively and satisfactorily resolved the concerns people and their relatives raised. We reviewed complaints received and found appropriate investigations were carried out and responses provided in line with the organisation's policies and procedures.

Where person specific activities had been identified, people were supported to engage in activities and interests they enjoyed. People's care records contained a person-centred activity plan which documented the types of activities they liked. People and their relatives confirmed they were supported to engage in activities outside of the service. The deputy manager told us that while each person had a preferred plan of activities this may change depending on what the person wanted to do that particular day. We saw people accessed a variety of activities within the community such as visits to local museums, parks, the gym and church.

End of life considerations were made to ensure people's choice to stay at St James House was supported. Care records we reviewed contained sufficient information about how people wanted to be supported at the end of their lives.

Is the service well-led?

Our findings

Quality monitoring systems were not effective and did not provide suitable assurances that the care provided was of an acceptable standard at all times. There was a system of monthly quality audits in place. These included medication, kitchen, health and safety and infection control. These internal audits had not identified the issues we found during our inspection such as the concerns identified with how medicines were managed and stored, how the control and prevention of infection were monitored, and the storage of refrigerated foods and food temperature monitoring.

We did not see any records checks of daily cleaning and the night staff's cleaning records we looked at had not been signed off as checked and completed by shift leaders.

The last audit carried out by the public health team at Manchester City Council was in March 2017. The service had received 81 percent and had submitted an action plan with timescales for completing concerns identified in the audit. We found not all actions had been implemented such as recommendations for improvements in the laundry.

We found the registered manager and provider did not have sufficient overview of a number of operational areas and staff's actions in this regard.

The above concerns were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

During our inspection we observed the atmosphere at the home to be homely and relaxed. 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. Staff were positive about the registered manager and the service. Comments included: "The manager is very approachable" and "It's an open atmosphere and culture here."

However, from our conversations with staff at all levels, we found the service needed to improve its understanding of the holistic needs of people in relation to sexuality within this care setting.

Staff understood their roles and responsibilities and were supported to perform their duties. There were regular meetings in which staff discussed work-related issues and received support from their manager and peers. During our visit, we observed a cooperative staff team that worked well together.

The provider had policies and procedures in place to guide staff in their roles. These were up to date and provided information and guidance to staff about the provider's expectations and good practice. There was also a system in place to help ensure staff read and understood these policies, procedures and key communications from head office and within the home.

The registered manager was aware of their statutory obligations to report any incidents to the appropriate authorities and the CQC. We checked our records prior to our visit and found they had submitted

appropriate notifications to the CQC in line with their legal obligations.

The provider ensured people, their relatives and staff had the opportunity to feedback on their experiences of the service. There were annual surveys through which feedback about the service could be provided. Relatives told us they could provide feedback to the staff and managers at any time and did not have to wait to complete the survey. Following the last feedback surveys, we saw an action plan had been devised to help the service make improvements. We found most of the actions identified had been resolved.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Aspects of food handling were unsafe.</p> <p>Medicines management needed to be more robust.</p> <p>Infection control systems were ineffective and need to be strengthened.</p> <p>Regulation 12</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered manager and provider did not have sufficient overview of a number of operational areas and staff's actions to help ensure the care provided was of good standard and quality.</p>