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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?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This comprehensive inspection was carried out on 15 and 16 November 2016. The first day of the inspection was unannounced. The service was last inspected in March 2016 when it was found to be meeting all the required regulations.

This inspection was prompted in part by three allegations of institutional abuse which were substantiated following investigations by the local authority. We had also received anonymous information of concern regarding the management of medicines in the service.

St James House provides accommodation for up to 30 people who require support with personal care. There were 28 people living at the service at the time of our inspection.

The service did not have a registered manager in place at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. A new and experienced manager had been appointed since our last inspection; they had been in post since June 2016. They told us they were in the process of submitting an application to CQC to register as manager at St James House. The manager was supported by a deputy manager and the provider who visited the service on a daily basis.

During this inspection we found two breaches of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014. This was because recruitment processes were not sufficiently robust to ensure people who used the service were protected from unsuitable staff. Additional checks had not been completed for those applicants who had previously worked with vulnerable adults or children and the provider had not taken appropriate action to follow up references which included negative feedback. Governance arrangements in the service needed to be improved in order to ensure people's records accurately reflected the care they required. Two people's care records did not include detailed care plans. This meant they were at risk of receiving care which was inappropriate for their needs. In addition audit processes had not been sufficiently robust to identify the shortfalls we identified during this inspection.

You can see what action we have told the provider to take at the back of the full version of the report.

Staffing levels in the service had recently been increased following a number of substantiated safeguarding allegations. People told us this had made a positive impact on the care they received. However some people told us they did not always feel there were sufficient staff on duty to meet their needs in a timely manner. Our observations during the inspection showed staffing levels were appropriate to the needs of people living in St James House at that time.

We saw that suitable arrangements were in place to help safeguard people from abuse. Guidance and

training was provided for staff on identifying and responding to the signs and allegations of abuse. Staff were able to tell us of the correct action to take should they witness or suspect abuse.

People who used the service told us they felt safe in St James House and that staff were always kind and caring. Interactions between staff and the people who used the service were warm, friendly and relaxed. The staff we spoke with had a good understanding of the care and support that people required. They told us, wherever possible, they would support people to maintain their independence.

Medicines were generally safely handled although the use of prescribed creams was poorly documented. The manager conducted regular checks to ensure staff were competent to administer medicines safely.

Care records showed that risks to people's health and well-being had been identified, such as the risk of falls, pressure sores and poor nutrition. However these risk assessments had not always been regularly reviewed and updated. This meant that people were at risk of receiving unsafe or inappropriate care.

People were cared for in a safe and clean environment. Procedures were in place to prevent and control the spread of infection. Regular checks were made to help ensure the safety of the premises and the equipment used. Systems were in place to deal with any emergency that could affect the provision of care.

Staff received the induction, training and supervision necessary to enable them to carry out their roles effectively and to care for people safely. Staff told us they enjoyed working in St James House and felt they were well supported by the managers and provider. They also told us they were able to make suggestions about how the service could be improved.

We saw that appropriate arrangements were in place to assess whether people were able to consent to their care and treatment. The registered manager was aware of their responsibility under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure that people's rights were considered and protected.

Systems were in place to help ensure people's health and nutritional needs were met. Records we reviewed showed referrals had been made to specialist services such as dieticians when any concerns were identified. People who used the service told us the quality of the food was good.

We saw that a programme of regular activities was provided to help maintain the well-being of people who used the service. Some people we spoke with during the inspection told us they felt a broader range of activities could be offered to help reduce social isolation.

We saw that people had opportunities to comment on the care provided in St James House. Records we reviewed showed action had been taken in response to feedback received.

There were systems in place for receiving, handling and responding appropriately to complaints. All the people we spoke with during the inspection told us they would be confident that any concerns they reported would be listened to and action taken by the manager to resolve the matter.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Recruitment processes needed to be improved to protect people from the risk of unsuitable staff.

Staffing levels had recently been increased. People told us this had made a positive difference to the care provided, although some people still felt staffing levels could be further improved.

We found that medicines were mostly well managed but the use of prescribed creams was poorly documented.

Risk assessments were in place to help ensure people received safe and appropriate care. However we found these risk assessments had not always been regularly reviewed to ensure they were accurate.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff received the induction, training and supervision required to enable them to carry out their roles effectively.

Staff understood the principles of the Mental Capacity Act (2005). Arrangements were in place to ensure people's rights were protected when they were unable to consent to their care and treatment in the service.

Systems were in place to help ensure people's health and nutritional needs were met. People told us they enjoyed the food provided in St James House and that it was of good quality.

Good ●

Is the service caring?

The service was caring.

People who lived in St James House told us staff were always kind, caring and respectful of their dignity and privacy. We saw that, wherever possible, staff supported people to maintain their independence.

Good ●

Staff demonstrated a commitment to providing high quality, compassionate care. They had a good understanding of the care needs of people who used the service.

Systems were in place to protect people's confidential information.

Is the service responsive?

The service was responsive.

People told us staff always provided the support they needed.

A range of activities were provided to help maintain the well-being of people who used the service, although we received mixed feedback about these.

Systems were in place for receiving, handling and responding to complaints. People were encouraged to provide feedback on the care provided in St James House.

Good ●

Is the service well-led?

The service was not well-led.

There was no registered manager in place. The current manager was in the process of submitting an application to register with CQC.

The quality assurance processes in place were not sufficiently robust. The manager had not ensured that all people's care records were accurate, complete and up to date. Audits had not identified the shortfalls noted during this inspection.

Staff told us they enjoyed working in St James House and were able to make suggestions as to how the service could be improved.

Requires Improvement ●

St James House

Detailed findings

Background to this inspection

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

This inspection took place on 15 and 16 November 2016; the first day of the inspection was unannounced. Before our inspection we reviewed the information we held about the service including notifications the provider had sent to us. We contacted the Local Authority safeguarding team, the local commissioning team and the local Healthwatch organisation to obtain their views about the service.

On the first day of the inspection the inspection team consisted of an 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. The expert had experience of residential care services for older people. The second day of the inspection was carried out by an adult social care inspector and a pharmacist inspector.

During the inspection we spoke with nine people who used the service and six visiting relatives. We also spoke with the provider, the manager, the deputy manager, two members of care staff, the kitchen manager and a visiting healthcare professional. We also carried out observations in the public areas of the service.

We looked at the care records for six people who used the service. We also reviewed the medication records for all people who used the service. In addition we looked at a range of records relating to how the service was managed; these included five staff personnel files, training records, quality assurance systems and policies and procedures.

Is the service safe?

Our findings

We looked at the recruitment processes in place. We reviewed the personnel files for five staff employed to work in the service. We noted that all of these files contained an application form, evidence to confirm each individual's identity and a criminal records check called a Disclosure and Barring service check (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. Four of the five personnel files contained at least two references. However we noted that the provider had not undertaken the required additional checks with all previous employers where applicants had worked previously with vulnerable adults or children.

We noted that one person's file contained a reference which stated the previous employer would not be willing to re-employ the person. We could not find any evidence that the provider had made any attempt to check with the employer the reasons for this statement. We also found that there were no further references on file for this person.

The lack of robust recruitment procedures was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to this inspection we were informed of three substantiated allegations of institutional abuse at St James House; the outcome of the investigations by the local authority was that people had experienced unacceptable levels of care due to inadequate staffing levels in the home. We were aware that following the outcome of the safeguarding investigation the local authority commissioners of the service had required the provider to increase minimum staffing levels in the home. Our review of rotas and observations during the inspection showed the provider was meeting these minimum level requirements imposed by the local authority.

Although most people we spoke with during the inspection told us staffing levels were sufficient, other people told us they felt there were not always enough staff on duty. Comments people who used the service made to us included, "They are short staffed sometimes. They are quicker in the night", "There are a lot of people living here that need two people to help them I am always at the back of the queue. They need more staff at mealtimes", "Staff come straight away when I need them" and "There are enough staff. I don't have to wait long." Relatives commented, "There are not enough staff all the time. Two days ago a man was taken to hospital, which left only three staff at 5pm. [Name of relative] waited 30 minutes to be taken to the dining room" and "I feel there are enough staff. They always come when I've buzzed for [name of relative]."

Staff we spoke with told us, following the increase in staffing levels meant they were now able to spend more time with people. One staff member told us, "Staffing has improved a lot these last few months." Another staff member commented, "I feel we have enough staff now. We were struggling before but now there are five staff on during the day we are perfectly fine." During the inspection we noted all staff were very busy but call bells were answered within a reasonable amount of time.

People who used the service told us they had no concerns about their safety in St James House. Comments people made to us included, "The staff are really good. I can ring my bell if I need someone. I was poorly in the night last night and someone came to help me; that takes the fear away of being ill in the night and makes me feel safe" and "There are plenty of people about. Staff come to see if I am ok. They look after me and that makes me feel safe." These comments also supported the view that there were enough staff on duty to meet people's needs.

Policies and procedures were in place to guide staff about how to recognise when people might be at risk of abuse. Staff told us they had completed training in safeguarding adults. This was an e-learning course provided by the local authority which also included information about the Mental Capacity Act (MCA) 2005. All the staff we spoke with were able to tell us of the correct action to take if they witnessed or suspected abuse. They were also aware of the whistleblowing procedure for the service which was on display on the staff notice board.

We saw that safeguarding and whistleblowing had been items on the agenda for a staff meeting. Staff had been reminded of their responsibility to raise any concerns with either the manager or provider. Staff told us they were confident they would be listened to and taken seriously if they were to raise any concerns. One staff member told us, "You have to act if you see anything you are worried about."

We reviewed the care records for six people who used the service. We found that all records contained risk assessments that identified if individuals were at risk of harm from conditions such as pressure ulcers, poor nutrition and hydration, restricted mobility and the risk of falls. However, we noted these risk assessments had not been reviewed for two people since August 2016. We also saw that one person had a risk assessment in place which contained information for staff about how to manage behaviour which could be challenging to others. However our observations during the inspection showed this risk assessment was not being followed. The manager told us it was not always necessary to follow the risk assessment but the records did not make it clear to staff in what circumstances it was appropriate to deviate from the assessment. This meant there was a risk people who used the service, staff and visitors might be put at risk.

We looked at the way medicines were managed in the service. We saw that all staff responsible for administering medicines had received training for this role. The manager had also completed checks to ensure staff were competent to administer medicines safely.

We observed people being given their morning medicines and noted that the member of staff administering medicines did so safely and in a kind and caring way. People could choose to take their medicines when they wished after waking or dressing. If people were prescribed pain-killers to be taken 'when required' the exact time of administration was recorded to make sure a safe period of time passed before another dose was given. Staff also took care to ensure that antibiotics were administered at the right times. One person who used the service told us, "I am full of aches and pains but they give me all the pain relief I need."

When we looked at people's medicine administration records (MARs) we found that one medicine had not been signed as given on three consecutive days although we were able to tell from the monitored dosage system used in the home that this medicine had been administered as prescribed. There were no other gaps on the MAR charts.

When people were prescribed a medicine to thin the blood we saw that the necessary blood tests were done to determine the person's daily dose. However, the actual dose administered each day was not recorded on their MAR chart. This meant there was no record to show the right dose had been given. The manager told us this would be amended immediately.

We noted that care staff were required to complete a chart to confirm they had applied prescribed creams as well as a medication audit record to highlight any gaps they found in the records. However, we found that 9 of the 13 these charts we reviewed had not been fully completed. This meant we could not tell if people's skin had been properly cared for.

Medicines were kept safely and storage facilities were clean and tidy. Medicines were stored at the right temperatures so they remained safe and effective. Medicines were audited regularly and managers took action to improve medicines handling when concerns were identified. This improves medicines safety.

Medicines that are controlled drugs (drugs subject to tighter legal controls because of the risk of misuse) were stored, administered and destroyed in the right way. We noticed an error in one stock balance record in the controlled drugs register which staff immediately corrected. The stock balances of the four controlled drugs we counted were correct.

The home had a medicine policy and self-medication policy. Two people living in the home took responsibility for their own medicines. Staff told us that these people had a lockable storage facility in their room. We saw that both people had been assessed to make sure they were able to store and take their medicines safely.

Records we looked at showed us risk management policies and procedures were in place; these were designed to protect people who used the service and staff from risk including those associated with cross infection, the handling of medicines and the use of equipment.

We reviewed the systems in place to help ensure people were protected by the prevention and control of infection. We looked around all areas of the home and saw the bedrooms, lounge, dining rooms, bathrooms and toilets were clean. All the people we spoke with told us they had no concerns regarding the cleanliness of the environment. Our observations during the inspection showed staff used appropriate personal protective equipment (PPE) when carrying out tasks. Staff we spoke with demonstrated their awareness of their responsibilities to protect people from the risk of cross infection.

We saw a fire risk assessment had been completed for the service and that this was reviewed on an annual basis. A personal emergency evacuation plan (PEEP) had been completed for each person who used the service; this documented the support people would need in the event of an emergency at the service. A business continuity plan was also in place to provide information for staff about the action they should take in the event of an emergency.

We looked at the documents that showed equipment and services within the home had been serviced and maintained in accordance with the manufacturers' instructions. This included checks in areas such as gas safety, portable appliance testing, the lift and hoisting equipment. These checks help to ensure the safety and wellbeing of everybody living, working and visiting the home.

The provider told us there was an on-going programme of refurbishment for the premises. We noted the flooring in the lounge had been replaced since our last inspection.

Is the service effective?

Our findings

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The managers and staff we spoke with demonstrated a good understanding of MCA and DoLS. We saw a capacity assessment was included in each person's records to determine if they were able to consent to their care in St James House. Applications for DoLS authorisations had been submitted for those people who lacked capacity; these authorisations helped to ensure that people were looked after in a way that protected their rights and did not inappropriately restrict their freedom.

All the staff we spoke with told us they would always ask people for their consent before they provided any care or support. One staff member commented, "Most people are able to tell us what they need. You have to refer to the care plan if people don't have the capacity to tell us." Another staff member told us, "I always check care plans to find out people's needs and choices. I go to the managers if I need any extra information." During the inspection we observed staff took the time to ask people for their consent before assisting them to mobilise around the home.

We looked to see how staff were supported to develop their knowledge and skills. Records we reviewed showed that staff employed in the service had received training to help ensure they were able to safely care for and support people. This included areas such as infection control, safeguarding adults, moving and handling, first aid and food hygiene. We saw there was a central record held of the training people had completed. The manager told us this was regularly reviewed to ensure all staff were up to date with required training. One member of staff told us, "[Name of provider] is very good. He will sort out training if you ask for it."

Records we reviewed showed staff completed an induction when they started work at the service. The manager told us new staff were required to complete the Care Certificate if they had not already gained a nationally recognised qualification in care at level two prior to commencing employment at the home. The Care Certificate is the minimum set of standards that social care and health workers are expected to achieve. Staff we spoke with confirmed the induction had included reading policies and procedures as well as completing training and shadowing experienced staff. Staff told us their induction had helped them understand what was expected of them and helped them to carry out their role effectively.

Staff we spoke with told us they felt supported in their roles. They told us they had regular supervision which was confirmed by the records we reviewed. Staff also said they could always approach the managers or the provider of the service for informal support if required.

We looked at the systems in place to ensure people's nutritional needs were met. All of the care records we reviewed contained information about each person's needs and risks in relation to their nutritional intake. We saw that people were weighed regularly and that, where necessary, staff took appropriate action such as making a referral to a dietician for advice and support.

We found the kitchen was clean and tidy. The service had received a 5 rating from the national food hygiene rating scheme in September 2015 which meant they followed safe food storage and preparation practices. They had also received a 'Recipe 4 Health' Gold Award from the local authority in recognition of the healthy option meals provided at St James House.

We spoke with the kitchen manager who had worked at the home for 26 years. They told us they had a good understanding about the dietary and health needs of people who used the service including any allergies. We saw that checks were carried out to ensure food was stored and prepared at the correct temperatures. We saw that there were plentiful supplies of fresh produce as well as tinned and dried goods.

We observed the kitchen manager visited each person every day to discuss what was on the menu. Alternatives were offered to people who did not like the menu of the day. People told us they found the quality of the food to be good. Comments people made to us included, "The food is alright; there is enough choice", "Food is excellent; first class" and "I have never had a bad meal yet."

We asked staff how they kept up to date with people's changing needs to ensure they provided safe and effective care. All the staff told us they attended handover meetings at the start of each shift. They told us that all important information was also recorded in the communication book so that staff could refer to this throughout their shifts. A staff member commented, "We have a good handover every day. We go through everyone and discuss any changes."

People who used the service had access to healthcare services and received on-going healthcare support. Care records contained evidence of visits from district nurses, GPs, speech and language therapists and dieticians. The visiting community based health professional we spoke with told us they considered the service had improved over recent months. They also told us that the relationship between the service and the community based nursing team was generally good.

Is the service caring?

Our findings

All the people we spoke with told us staff at St James House were kind, caring and respectful. Comments people made to us included, "They are all kind to me. If you ask for anything they will do it for you", "All the staff are good with me, even the owners. They are all lovely", "Staff are very kind; I can't fault them. You couldn't find better staff anywhere" and "[Name of relative] can be very difficult but staff are very patient with her. They treat her very well."

People told us staff always respected their dignity and privacy when providing them with personal care. One person told us, "They always cover me up when they are seeing to my dressings or doing personal things for me." Another person commented, "When I have a bath they always wrap me in a towel while they dry my feet. I have been asked if I prefer a male or female carer I told them I don't mind either. They always knock before entering my room; they are very respectful."

During the inspection we observed warm and friendly interactions between staff and people who used the service. We saw that staff knocked and waited for an answer before entering bathrooms, toilets and people's bedrooms. This was to ensure people had their privacy and dignity respected.

Staff told us they would always encourage people to be as independent as possible. One staff member commented, "I always encourage and prompt people to do as much as they can. I don't just do things for people if they can do it themselves." We noted that care records included information about people's strengths and how staff should best support people to maintain their independence.

We saw that a number of relatives visited the service during the inspection. We observed that all visitors were made welcome by staff. Relatives we spoke with confirmed they were able to visit without any restrictions.

Our conversations with staff showed they had a good understanding of the needs of people who used the service. Staff demonstrated a commitment to providing high quality compassionate care. One staff member told us, "We know people really well. We all do our best to make sure people get the care they need."

We saw that care records included some information about the care people wanted to receive at the end of their life. The manager told us some staff had completed training to help them support people to discuss the end of life care they wanted to receive.

The manager told us they were in the process of re-introducing a key worker system. The intention of this system was to ensure people received consistent care and that care records were regularly updated by those staff who knew people best.

We found that care records were stored securely. Policies and procedures we looked at showed the service placed importance on protecting people's confidential information.

Is the service responsive?

Our findings

We asked the manager to tell us how they ensured people received care and treatment that met their individual needs. The manager told us that they always completed an assessment of the support people required before they were admitted to the home. They told us they always considered how the needs of people might impact on other people living in the home. This should help to ensure staff were able to meet people's needs.

People we spoke with who used the service were happy that the staff knew what care they needed. Comments people made to us included, "I haven't discussed my care plan but I get all the support I need" and "I think the staff know me pretty well. They know me like my own family. I get all the care I need."

We noted there was an activity plan in place which included a twice weekly exercise programme delivered by an external fitness instructor as well as quizzes, music and singalong and arts and crafts. On the day of the inspection we saw that people were offered manicures and staff spent time with individuals reading or playing board games. The manager told us they intended making the activity programme more structured with one staff member on each shift given the responsibility for ensuring activities were delivered. They told us they were also in the process of employing two apprentices who would also support the activity programme.

In addition to activities provided in the home we noted that people were encouraged to attend a local day centre and links had been made with the local church and school, with people supported to attend events which took place.

We received mixed feedback from people who used the service and relatives about the range of activities provided. Although some people were happy with the activities available others felt they would like more opportunities for social stimulation; this included people who chose to spend most of the time in their bedrooms. However, we noted that suggestions people had made at the most recent resident meeting regarding additional activities had been followed up by the provider. One staff member we spoke with told us, "We do try and encourage people to socialise and sit in the lounge but some don't want to." A relative also told us, "I regularly see activities taking place."

We asked the manager about systems in place to gather and respond to feedback from people who used the service and, where appropriate, their relatives. The manager told us they were in the process of introducing a new form into the service. This was intended to record the comments people made about the care they received and to include any feedback from relatives. Staff we spoke with told us they regularly asked people if they were happy with their care but these discussions were not currently recorded.

Records we reviewed showed that regular meetings were held between the manager and people who lived in St James House. These meetings provided people with an opportunity to provide feedback on the support provided and to make any suggestions for improvement. When we looked at the minutes from the most recent meeting held in August 2016 we saw that people had made positive comments about staff and

the way they were treated.

We looked at the way complaints were managed in the service. We found there was a complaints policy and procedure in place. A suggestion box was in place should people wish to use this to provide feedback. We saw there was a system for logging any complaints received at the service and detailing how the complaint had been investigated and responded to. We noted there had been no complaints received at the service since the last inspection.

All the people we spoke with told us they would feel able to approach the manager or the owner, who attended the service on a regular basis, with any concerns and were confident they would be listened to. One person told us, "I would speak with [name of manager] if I had a big complaint to make. I know she's in charge and definitely feel she would listen to me".

We saw that newsletters were produced on a regular basis by the service. The most recent newsletter produced in August 2016 included a 'You said; we did' section. This showed that suggestions made by people who used the service organising a trip to the zoo and having a choice in the colour of wallpaper used in individual bedrooms had both been acted upon. This demonstrated that the managers and provider listened to the views and opinions of people who used the service.

Is the service well-led?

Our findings

The service did not have a registered manager in place at the time of this inspection. A new manager had been appointed to work at the service in June 2016. They told us they were in the process of completing an application to register with CQC as manager at St James House. They had previous experience in managing residential care services, including at St James House. The manager was supported in the day to day running of the service by a deputy manager and the provider who visited the service on a daily basis.

During our inspection our checks confirmed that the provider was meeting the requirement to display their most recent CQC rating.

Before our inspection, we checked the records we held about the service. We found that the service had notified CQC of accidents, serious incidents and safeguarding allegations as they are required to do. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.

We found the governance arrangements in the service needed to be improved. During the inspection we found care records had not been regularly updated and two care records did not include any detailed care plans. This meant an accurate, complete and contemporaneous record had not been maintained in respect of each service user. We also noted that no care plan audits had been completed since January 2016; this meant the shortfalls noted in care records during this inspection had not been identified and acted upon by the manager. In addition, although systems had been put in place to audit the administration of prescribed creams, our findings during the inspection showed this process was not effective.

The lack of robust quality assurance processes was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that regular environmental audits had been completed by the provider with some action taken to address issues identified, including the replacement of flooring in the lounge and the redecoration of some bedrooms. We noted that the previous manager had completed a risk assessment of each room in April 2016 and identified improvements which could be made to enhance the experience of people who lived in the home. We saw that the provider had commented. "Nice to have" against a number of the recommendations but there was no clear plan about how any of these suggested improvements might be prioritised or discussed with people who used the service to gather their views. However, one person we spoke with during the inspection told us they had requested and been provided with a new carpet for their bedroom.

We saw that a log of accidents and incidents was maintained but there had been no formal analysis of any themes or trends to help prevent future occurrences. The manager told us they were aware that this process should be in place and would introduce it as soon as possible.

The provider undertook an annual quality assurance survey. We looked at the results from the most recent

survey carried out in June 2016 and saw that all of the 18 respondents had rated the care provided in St James House as 'good' or 'excellent'. Comments people had made included. "The home is well run. Staff work well together" and "I have very little to complain about."

We saw that the service had a range of policies and procedures to help guide staff on good practice. The policies we looked at included complaints, safeguarding, whistleblowing, infection control, medicines management, health and safety, MCA and DoLS.

All the staff we spoke with told us they enjoyed working in St James House. Comments staff made to us included, "[Name of manager] is brilliant", "[Name of manager] is a fantastic boss" and "The manager is very nice. I have worked with her before and was glad to see her return. She's very approachable". Records showed that staff meetings were held regularly. Staff meetings are a valuable means of motivating staff, keeping them informed of any developments within the service and giving them an opportunity to discuss good practice. We saw that the last staff meeting had included a discussion about the action taken following substantiated safeguarding allegations and reminding staff of their responsibility to report poor practice. We also saw that the suggestion made by staff at a previous meeting to introduce a clearer handover record had been actioned by the manager. This showed the provider and manager listened to and acted upon the views of staff.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Recruitment processes were not sufficiently robust to protect people from the risk of unsuitable staff.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance processes were not sufficiently robust to ensure people always received safe and appropriate care.