Saint Jude Residential Care Home Limited

Saint Jude Care Home

Inspection report

6 Warren Road
Blundellsands
Liverpool
Merseyside
L23 6UB

Tel: 01519248427

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

People we spoke with all said they were safe and felt safe. The staff described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported to the managers. Training records confirmed staff had undertaken safeguarding training.

A range of risk assessments had been completed to improve the quality and safety of people's care.

There was sufficient staff on duty to meet people's needs. Staff rotas showed that staff numbers were consistent each week to meet people's needs. The call bell was answered promptly for staff to attend to people when they required assistance.

Staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults.

Medicines were stored and administered safely. Staff received medicines training.

Measures were in place to ensure the environment was safe and suitable for the people who were living there. We saw that repairs to the building were recorded and attended to in a timely way. The home was clean, hygienic and odour free. Accidents were recorded and reviewed each month to look at any ways to prevent reoccurrence.

Care plans were completed to demonstrate the support required and were regularly updated to reflect people's current health and support needs.

Staff received a programme of mandatory training, which was updated as required and regular supervision. New staff received an induction.

People were supported to make their own decisions in relation to their care and support received whilst living at Saint Jude's. The registered manager was knowledgeable about the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) process.

People were supported to eat and drink enough to maintain a balanced diet; we found they received sufficient quantities of food and drinks throughout the day and had a choice of meals.

An activities coordinator was employed by the home. A variety of activities were arranged which provided stimulation and social interaction.

We saw that the staff, registered manager and the owner/provider showed kindness and compassion towards the people in the home. Staff had a good knowledge of people's needs and circumstances.

People who lived in the home had the opportunity to voice their ideas and suggestions. The registered

manager and owner had implemented some of the changes requested by people.

People received personalised care that was responsive to their needs. Care plans were written for the individual and informed staff of people's preferences and wishes.

There was a complaints procedure; people's concerns and complaints received had been investigated and responded to in accordance with the procedure.

People were supported at the end of their life to have a comfortable, dignified and pain-free death. We saw people receiving end of life care were cared for well.

There is a registered manager in post. They understood their role and responsibilities and were well supported by the owner/provider, who played an active role in the running of the home. Quality assurance and governance processes were in place to help assess and improve the safety and quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Saint Jude Care Home

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 was a comprehensive inspection.

This inspection took place on 28 & 29 November 2017 and was unannounced.

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. Their area of expertise was older people and dementia care.

We contacted the local authority commissioning team, local community health team and local Clinical Commissioning group (CCG) for feedback. We also looked at our own records to see if there was any information we should consider during this inspection. We looked at the information the provider had sent to us as statutory notifications. This included the Provider Information Return (PIR). A PIR 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 undertook observations of the home during our inspection. This included observation of interactions between staff and the people living at the home and a tour of the general environment, bedrooms and bathrooms, lounges, dining and kitchen areas. During the inspection we spent time reviewing records and documents. These included the care records of three people who used the service, four staff recruitment files, the staff training matrix, medication administration records, audits and other records relating to the management of the service. We spoke with four people living in the home and three relatives visiting on the day of the inspection. We also spoke with the provider, the registered manager, the cook, housekeeper and two care staff.

Good

Is the service safe?

Our findings

All of the People we spoke with said they were safe and felt safe. Relatives all said yes when they were asked if their loved ones were safe in the home. The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported to the managers. Training records confirmed staff had undertaken safeguarding training and this was on-going.

We looked at a number of care records which showed that a range of risk assessments had been completed to improve the quality and safety of people's care. Risk assessments included, risks associated with dietary needs and nutritional requirements, use of nurse call equipment, falls, pressure area care and risks associated with medical conditions.

There were sufficient staff on duty to meet people's needs. We observed no one was left waiting for anything when they asked for something, for example a hot drink, or assistance. We observed that the call bell was answered promptly for staff to attend to people when they required assistance. Staff rotas we viewed showed that staff numbers were consistent each week to meet people's needs.

We looked at how staff where recruited and the processes undertaken. We found copies of application forms and references and found that Disclosure and Barring (DBS) checks had been carried out. This meant that staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults.

Medicines were stored and administered safely. Staff received training and were 'spot checked' (observed) each year to ensure they were working safely and correctly. The registered manager completed a comprehensive audit each week to help ensure people received their medication as prescribed and that medicines were safely stored.

The home was clean, hygienic and odour free. Bathrooms and toilets contained hand washing and drying materials. Domestic staff worked to cleaning rotas to help ensure the home, including people's bedrooms were cleaned each day.

Measures were in place to ensure the environment was safe and suitable for the people who were living there. Accidents were recorded and reviewed each month to look at any ways to prevent reoccurrence. We saw that repairs to the building were recorded and attended to in a timely way.

Good

Is the service effective?

Our findings

People's needs were assessed prior to their admission to the home. Care plans were completed to demonstrate the support required. We saw these were regularly updated to reflect people's current health and support needs. Referrals were made to health care professionals when changes in health care needs were identified. We saw that people were supported to access health care professionals. Appointments were made for the GP, dentist, and chiropodist. We saw that district nurses visited people in the home regularly.

Staff received a programme of mandatory training, which was updated as required. New staff received an induction, which included shadow shifts with experienced staff. Supervision and staff meetings were held to support staff in their role.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager was knowledgeable about the process. There were people in the home subject to a DoLS authorisation.

People were supported to make their own decisions in relation to their care and support received whilst living at Saint Jude's. People had given written consent to care and support which was recorded on their care record. We saw that mental capacity assessments were completed for specific decisions.

People were supported to eat and drink enough to maintain a balanced diet; we found they received sufficient quantities of food and drinks throughout the day and had a choice in the meals that they received. Menus were varied and alternatives were always provided. The cook was knowledgeable about people's dietary needs and preferences and how to meet them. People we spoke with said they always had plenty to eat. We observed the lunch time meal to evidence this.

The home was decorated in warm and calming colours. People had their names and photographs on their bedroom door. Bathroom and toilets were identified with signs and contained equipment to enable people to use facilities safely. People who lived in the home told us that a new walk in shower room enabled them to bathe safely and in comfort. Suitable floor covering throughout the home enabled people to mobilise easily with mobility aids. However we did observe that no hand rails were evident in the hallways. There was a well maintained, accessible garden at the back of the home.

Good

Is the service caring?

Our findings

We saw that the staff, registered manager and the owner/provider showed kindness and compassion towards the people in the home. People were called by their chosen name. Staff respected their privacy; we saw they knocked and waited before entering their rooms, thereby upholding their dignity Staff we spoke with demonstrated they had a good knowledge of people's needs and circumstances.

A visitor told us how the owners "went out of their way to help celebrate their relative's 'very significant' birthday". Relatives told us they could visit any time.

Some people maintained their independence; they went out for social events and to attend health appointments. People were supported to remain independent with taking their medication, if they were assessed as being safe to do so.

People were given a brochure about the home when they visited for the first time to explain everything they needed to know about the care and support provided. When they came to live in the home each person received a 'service user guide', which included the complaints procedure.

'Resident meetings' were held regularly and well attended. People voiced their ideas and suggestions. We saw evidence that some had been implemented; for example, a request was made in relation to changing the time of the lunchtime meal.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Care plans were written for the individual and informed staff of their preferences and wishes. These documents were regularly updated to reflect people's change in need or preference.

Staff used the 'Tele Meds' system to access immediate clinical support and advice via the internet. The system allows visual communications between patient, care staff and medical staff and can provide speedy assistance and advice, usually out of hours or weekends.

An activities coordinator was employed by the home. A variety of activities were arranged in the home which provided stimulation and social interaction, including weekly visits from local school children and musical entertainment. The registered manager told us that the 'residents' really looked forward to them coming.

The provider had a complaints procedure which was displayed in the hallway and was included in the 'service user brochure'. We saw that people's concerns and complaints received had been investigated and responded to in accordance with the complaints procedure. Relatives we spoke with told us, "Any concerns I raise are always sorted out very quickly" and "Nothing is too much trouble for them [management]".

People were supported at the end of their life to have a comfortable, dignified and pain-free death. We saw evidence that people receiving end of life care were cared for well. Records were kept of food and fluid intake to ensure they were being nourished. Charts were kept to record when a person had been moved in their bed to relieve pressure and promote good skin care. Some staff including the registered manager had attended the recognised 'Six Steps' end of life training course. The Six Steps is a programme of learning for care homes to develop awareness and knowledge of end of life care. People had relevant documentation in place to inform staff, for example DNACPR (Do Not attempt Cardiopulmonary resuscitation). CPR involves giving someone a combination of chest compressions and rescue breaths to keep their heart and circulation going to try to save their life. Some people had recorded their last wishes and funeral arrangements.

Good

Is the service well-led?

Our findings

There was a registered manager in post. They understood their role and responsibilities and were supported by the owner/provider, who played an active role in the running of the home. 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.

We found there to be a person-centred and open culture in the home. We saw that the registered manager and owners had a good relationship with the staff. Staff reported that they were "easy to approach" and "very supportive". The staff we saw all seemed to get along with each other. Staff told us they all worked as a team and supported each other. The owner had a clear vision of the type of home they wanted to provide for people. They were continually making improvements and adjustments to 'make life easier and more comfortable' for the people who lived in the home.

People and their relatives were able to provide feedback and comments about the service. Questionnaires were given out to them on a regular basis; there was also a suggestion box. We saw that the owner/ provider looked at the comments and responded to them. Changes had been made as a result.

We looked at the governance arrangements to monitor standards and drive forward improvements. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with an effective and safe service. A number of audits were completed by the registered manager and nominated senior care staff which included, medication, accidents and health and safety. Whilst the provider was involved on a daily basis in the running of the home and fully aware of day to day issues, we found that their review of systems, processes and issues were not recorded. They agreed to formalise their regular review with immediate effect. A new care document management system was being introduced, which would record individual care plans, daily notes and staff files, including training. The system included a daily reminder system, which would identify all care plans and risk assessments and staff training which was due for update. The provider hoped that this system would be fully operational in the near future. Information had already started to be transferred to this new system. Staff from Saint Jude's attended bi-monthly meetings with the Care Home Innovation Programme (CHIP). The CHIP is a source of advice, information, training and networking with approximately 27 care/ nursing homes across the Sefton area.

The Care Quality Commission (CQC) had been notified of events and incidents that occurred in the home in accordance with our statutory notifications. This meant that CQC were able to monitor information and risks regarding Saint Jude Care Home.

From April 2015 it is a legal requirement for providers to display their CQC rating. 'The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided'. The ratings tell the public whether a service is outstanding, good,

requires improvement or inadequate. The rating from the previous inspection of Saint Jude Care Home was displayed in at least three different areas in the home for people to see.