

St Judes Residential Home Limited

# St Judes Residential Care Home Ltd

## Inspection report

20-22 Breckon Hill Road  
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Tel: 01642868914

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21 April 2023

25 April 2023

03 May 2023

09 May 2023

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30 June 2023

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Outstanding ☆

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

St Judes Residential Care Home Ltd is a residential care home supporting up to 15 people with mental health conditions. People are accommodated in an adapted building. At the time of our inspection there were 15 people using the service.

### People's experience of using this service and what we found

People were empowered to achieve consistently excellent and transformative outcomes. Staff worked collaboratively and found innovative and efficient ways to deliver more effective and impactful support. Staff received regular and relevant training and supervision to equip them with the knowledge and skills needed in their roles. The service was adapted for the comfort and convenience of people living there. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

People spoke positively about the support they received from staff and said they were happy at the service. We saw numerous examples of kind and caring support during our visit. Staff knew the people they supported well and treated them with dignity and respect.

Medicines were managed safely. Risks to people were assessed and action was taken to address them. Staffing levels were safe and regularly monitored, with recruitment processes ensuring only suitable staff were employed. People were safeguarded from abuse. Effective infection prevention and control systems were in place.

People received personalised and responsive support based on their assessed needs and preferences. Staff were able to communicate with people effectively and helped ensure people's views were heard. The provider had a clear and visible complaints policy in place.

Effective governance systems were in place to ensure people received personalised and empowering support. Staff worked in effective partnership with others to help people achieve their outcomes. Feedback was sought from people, relatives and staff and was acted on.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was good (published 30 January 2018).

At our last inspection we recommended the provider consider current guidance on the training and supervision of staff responsible for the administration of medicines. The provider had made improvements.

### Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Outstanding ☆

The service was exceptionally effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# St Judes Residential Care Home Ltd

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

An inspector carried out this inspection.

#### Service and service type

St Judes Residential Care Home Ltd is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. St Judes Residential Care Home Ltd is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 21 April 2023 and ended on 9 May 2023. We visited the service on 21 April 2023 and 25 April 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the service was registered with CQC. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 5 people who used the service and 2 relatives about their experience of the care provided. We spoke with 9 members of staff including the registered manager (who was also the nominated individual), a director from the provider organisation and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 4 people's care records and medicine administration records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection we recommended the provider consider current guidance on ensuring staff had the knowledge, skills and competences needed for medicines management. The provider had made improvements.

- Staff received the training and support needed to manage medicines safely. Knowledge and competencies were reviewed to see if additional support was needed.
- Medicines management was well organised, and people received their medicines when needed. Regular audits took place to ensure medicines were safely and effectively managed.
- People were supported to administer their own medicines where they were able and wished to do so. Systems had been developed to support people to take positive risks by managing their own medicines.

### Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse. Staff received safeguarding training and knew how to report any concerns they had. One person told us, "I am safe here and love living here."

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks were assessed, and action was taken to keep people safe. Staff encouraged people to do as much as possible for themselves and take positive risks to maintain their independence and wellbeing. A relative told us, "I know [named person] feels safe there."
- The premises and equipment were regularly checked to ensure they were safe to use. In some instances, we saw these checks had not been recorded. We spoke with the provider about this, who said all safety checks would be recorded in future.
- Plans were in place to support people in emergency situations. These included contingency plans to ensure people received support if the service was disrupted.
- Accidents and incidents were monitored to see if improvements could be made to keep people safe. One person we spoke with said, "I feel safe."

### Staffing and recruitment

- Staffing levels were based on people's assessed levels of support and were regularly reviewed to ensure safe support was in place. One person told us, "The staff are always there if you need anything, and you can talk to them about anything you might need."
- Recruitment checks were carried out to ensure appropriate staff were employed. These included obtaining references, interviews and Disclosure and Barring Service checks.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Visiting was taking place in line with current guidance.



# Is the service effective?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were empowered to achieve consistently excellent outcomes. We saw numerous examples of people's support driving them to achieve their aspirations and goals. These included people being supported to achieve personal and career objectives that had markedly improved their wellbeing and sense of self. For example, one person was being supported to achieve qualifications and start a career that had long been their ambition. Staff had supported another person to reach the highest levels of their chosen sport and win awards for this. One person we spoke with said, "I love it here and have come on so far since I moved in." A relative told us, "[Named person] went into there and come on leaps and bounds."
- Staff worked collaboratively and found innovative ways to deliver transformative support. People's progress was carefully and effectively reviewed to see how they could be helped to achieve their goals. Staff used evidence-based guidance and advice from external professionals to drive this. For example, one person had been supported to take small steps to improve their health and wellbeing. The person and staff had set small, achievable targets which cumulatively helped the person progress towards their goals. This had clearly improved their quality of life and both relatives and external professionals praised the service for their unique role in achieving this.
- There was a truly holistic approach to assessing, planning and delivering care and support. Staff worked in close and effective partnership with external professionals to ensure people received life-changing support. One external professional said, "I have had an extremely positive experience of working with this service and think that they have managed to make significant improvements in the quality of life [of people]."
- Staff had the knowledge and expertise to make sure people experienced good healthcare outcomes leading to an outstanding quality of life. One person told us, "I didn't do as well in my own place, but here I am really doing well." An external professional said, "I feel that they (people) are getting a very good level of care at St. Judes Residential Care Home."

Staff support: induction, training, skills and experience

- Staff received regular and relevant training to equip them with the knowledge and skills needed in their roles. This included induction training for newly recruited staff. Feedback from staff on training was very positive. One member of staff told us, "I have nothing but positive opinions of St Judes and my experience as an employee has been nothing short of outstanding. For me personally, I've been given opportunities to further my knowledge through my [training]."
- Supervisions and appraisals were used to support staff. Records showed that meetings involved open and

meaningful conversations where staff could raise any issues they had. One member of staff said, "We regularly get feedback which is really helpful in ensuring we are being the best we can be and getting supervision frequently allows us to progress or maybe improve in certain areas. Management are extremely supportive in all aspects."

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

- People were supported to maintain a healthy and balanced diet. Staff had the training and skills needed to encourage people to eat well. For example, one person had been supported to expand the range of foods they would eat which had notably improved their health and wellbeing.
- Mealtimes were used as an opportunity for people to maintain and develop their independent living skills. Staff supported people to take a lead in shopping for food and preparing meals, which had a positive impact on their wellbeing. One person told us, "The food is great, and I always enjoy it. I help out in the kitchen."

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

- The service was adapted for the comfort and convenience of people living there. A refurbishment programme was under way, and people had been able to contribute ideas for how they wanted this to be done.
- People's rooms were personalised to meet their individual needs and tastes. We saw people's rooms were personalised and homely. One person told us, "I have my room set up how I like it with all of my own things."

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's consent to support was obtained and people told us they felt in control of this. One person we spoke with said, "I make my own decisions about what I want."
- DoLS had been appropriately sought for some people and were monitored to ensure they were still needed.

# Is the service caring?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People spoke positively about the support they received from staff and said they were happy at the service. Comments from people included, "The manager and staff are like family to me" and, "I like it here and like all the staff. They are very kind and help me."
- Relatives said people were well treated and supported by staff who knew them well. One relative told us, "What impresses me is how they (staff) view the people there, it is like a family."
- Throughout the inspection we saw numerous examples of kind and caring support being delivered. People were happy and relaxed around staff, with whom they talked and shared jokes.
- People were respected and valued as individuals and supported to lead the lives they wanted. One person told us, "I am in control of it all and can lead the life I want, and that is very important to me." A relative said, "He (person) can be who he wants to be there, that is the lovely thing about it."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were regularly asked for their views on their support and involved in decisions about it. One person told us, "I'm always asked how things are going and whether there is anything I would like to change, and you can speak with them whenever you like."
- Staff engaged with relatives to ensure support reflected people's needs and choices. One relative said, "The staff always listen to us and seek our advice. They accept our views."
- People were treated with dignity and respect. During the inspection we saw staff had friendly but professional relationships with people at the service. One person told us, "The staff always respect your choices."
- People were supported to maintain and develop their independence. Safe risk taking was actively encouraged, and people felt able to do as much as possible for themselves. One person told us, "The staff are all fantastic, really helpful. I do as much as I can for myself."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care based on their needs and preferences. Staff involved people and relatives in planning care to ensure people's choices were at its heart. One person told us, "The staff are always there if you need anything, and you can talk to them about anything you might need."
- Care plans were regularly updated and reviewed to ensure they reflected people's current needs and choices. People and relatives said this helped staff to deliver responsive care. One relative told us, "They're so knowledgeable about how to help people."
- Systems were in place to ensure the effective handover of information between staff. This helped ensure all staff were aware of the support people needed and wanted. A relative said, "The communication amongst themselves is so good, they really do know all about him and his needs."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff supported people to communicate effectively and make their voices heard. It was evident that staff knew people well and were able to meet their communication needs. An external professional told us, "The staff are very person centred."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to engage with a wide range of interests and activities and were active members of their local community. People told us about their interests and how they could pursue them. Throughout the inspection we saw people leaving to take part in activities they enjoyed. One person said, "I can go where I want and do what I want."

Improving care quality in response to complaints or concerns

- Systems were in place to investigate and respond to complaints. People and relatives confirmed they knew how to raise issues and said they would be acted on.

End of life care and support

- Nobody was receiving end of life care when we inspected. Systems were in place to support with this

should it be needed.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People achieved consistently positive care outcomes because of the person-centred and inclusive culture promoted by the provider. All aspects of the service were focussed on people leading the lives they wanted. One member of staff told us, "I think the service is run very well and I am honoured to be working at St Judes."
- People and relatives said they felt involved and empowered by the service, with staff helping people to reach their goals. One relative said, "It is so reassuring [named person] is there."
- The provider, registered manager and staff understood the duty of candour and had open and transparent communication with people and relatives. A relative said, "The communication is very good."

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

- The provider and registered manager carried out regular checks to monitor and improve standards. Audits reviewed all aspects of the service to see if changes could be made to improve people's experience. One member of staff told us, "If a problem did occur it would get sorted straight away."
- Staff were supported in their roles and valued the leadership of the provider and registered manager. One member of staff said, "[The registered manager and provider] are fantastic and so supportive, especially during COVID-19. You can speak with the manager about anything at all and you know they listen and will act."

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

- People felt involved in the service and able to give feedback. Views were regularly sought from people, including through questionnaires. Records showed that when issues were raised action was taken to address them. One person said, "I'm asked for feedback but there is nothing I would change."
- Staff were encouraged to give feedback and contribute to the running of the service. One member of staff told us, "The manager is always asking if we're okay and whether we need anything. You feel valued."

Continuous learning and improving care; Working in partnership with others

- The service worked in effective partnership with others to enhance people's wellbeing and improve their quality of life. One external professional told us, "I have heard only good things from my patients and my

team colleagues."

- Continuous learning was embedded in the culture of the service, which helped to improve people's care. Staff told us how they were encouraged and supported to achieve extra training and qualifications.