

Churchill Residential Care And Nursing Homes Limited

St Judes Nursing Home

Inspection report

29-31 Mayfield Road
Sutton
Surrey
SM2 5DU







Tel: 0208 6431 335

Website: www.stjudesnursinghome.co.uk

Date of inspection visit: 13 & 14 May 2015

Date of publication: 17/06/2015

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	

Overall summary

This inspection took place on 13 and 14 May 2015. The first day of the inspection was unannounced and we informed the registered manager that we would be returning on the second day to complete our inspection.

At the last inspection, on 23 September 2014, we found the service was meeting all the essential standards we looked at.

St Jude's is a care home that provides accommodation, nursing and personal care for up to 40 older people. There were 38 people residing at the home when we visited. Approximately three-quarters of the people using the service were living with dementia.

Accommodation was arranged over two floors. All the bedrooms had en-suite toilet and washing facilities, of which 36 were single occupancy and two shared. Communal space located on the ground floor included

Summary of findings

three separate lounges, two dining areas, a hairdressing salon and a wheelchair accessible garden. The home had two passenger lifts and a stair-lift chair that ensured people could move freely between floors.

There was a registered manager in post. 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.

People were safe at St Jude's. Staff knew what action to take to ensure people were protected if they suspected they were at risk of abuse or harm. Risks to people's health, safety and wellbeing had been assessed and staff knew how to minimise and manage these to keep people safe from harm or injury. The service also managed accidents and incidents appropriately and suitable arrangements were in place to deal with emergencies, such as fire.

People told us they felt happy at St Jude's. They also told us staff looked after them in a way which was kind, caring and respectful. Our observations and discussions with people using the service and their relatives supported this.

People's rights to privacy and dignity were respected. When people were nearing the end of their life they received compassionate and supportive care.

St Jude's was a comfortable place to live. We saw people could move freely around the care home and rear garden. The building was well maintained and safe.

There was a choice of meals, snacks and drinks and staff supported people to stay hydrated and to eat well.

People were supported to maintain social relationships with people who were important to them, such as their relatives. There were no restrictions on visiting times and we saw staff made people's guests feel welcome.

People were encouraged to participate in meaningful social, leisure and recreational activities that interested them. We saw staff actively encouraged and supported people to be as independent as they could and wanted to be.

Staff routinely monitored the health and welfare of people using the service. Where any issues had been found appropriate medical advice and care was promptly sought from the relevant healthcare professionals.

People received their medicines as prescribed and staff knew how to manage medicines safely.

Consent to care was sought by staff prior to any support being provided. People were involved in making decisions about the level of care and support they needed and how they wished to be supported. Where people's needs changed, the service responded by reviewing the care provided.

Sufficient numbers of staff were deployed throughout the home to meet people's needs. Staff were suitably trained, well supported and knowledgeable about the individual needs and preferences of people they cared for. The registered manager ensured staffs' knowledge and skills were kept up to date. The service also ensured staff were suitable to work with people using the service by carrying out employment and security checks before they could start work at the care home.

The registered manager understood when a Deprivation of Liberty Safeguards (DoLS) authorisation application should be made and how to submit one. This helped to ensure people were safeguarded as required by the legislation. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

The registered manager encouraged an open and transparent culture. The views of people using the service, their relatives, professional representatives and staff working at the care home were routinely sought by the provider, which they used to improve St Jude's.

People and their relatives felt comfortable raising any issues they might have about the home with staff. The service had arrangements in place to deal with people's concerns and complaints appropriately.

The service had a clear management structure in place. We saw the registered manager and senior nurses led by example. The registered manager demonstrated a good understanding of their role and responsibilities, and staff told us they were supportive and fair.

Summary of findings

There were effective systems in place to monitor the safety and quality of the service provided at the care

home. The registered manager took action if any shortfalls or issues with this were identified through routine checks and audits. Where improvements were needed, action was taken.

Summary of findings

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 safe.

People told us they felt safe living at St Jude's. There were robust safeguarding and whistleblowing procedures in place and staff understood these and what abuse was and knew how to report it. There were enough staff to meet the needs of people using the service. Recruitment checks were completed on new staff.

Risks were identified and appropriate steps taken by staff to keep people safe and minimise the hazards they might face. Management consistently monitored incidents and accidents to make sure people received safe care. The environment was safe and maintenance took place when needed.

People were given their prescribed medicines at times they needed them.

Good



Is the service effective?

The service was effective.

Staff were suitably trained and were knowledgeable about the support people required and how they wanted their care to be provided.

The provider acted in accordance with the Mental Capacity Act (2005) to help protect people's rights. The registered manager and staff understood their responsibilities in relation to mental capacity and consent issues.

People received the support they needed to maintain good health and wellbeing. Staff worked well with health and social care professionals to identify and meet people's needs. People were supported to eat a healthy diet which took account of their preferences and nutritional needs.

Good



Is the service caring?

The service was caring.

People told us that staff were caring and supportive and always respected their privacy and dignity.

Staff were aware of what mattered to people and ensured their needs were met. People were fully involved in making decisions about the care and support they received. People were supported to be independent by staff.

People received compassionate and supportive care from staff when they were nearing the end of their life.

Good



Is the service responsive?

The service was responsive.

The support people received was personalised and focussed on an individual needs and wishes. People's needs were assessed and care plans to address their needs were developed and reviewed with their involvement.

People had enough opportunities to participate in meaningful social activities that reflected their age and interests.

Good



Summary of findings

There were systems in place to deal with complaints. People felt comfortable talking to staff if they had a concern and were confident it would be addressed.

Is the service well-led?

The service was well led.

People spoke positively about the registered manager and how they ran the care home in an inclusive and transparent way.

The views of people who lived at the home and relatives were welcomed and valued by the provider. They were used to make changes and improvements to the service where these were needed.

The provider regularly monitored the care, facilities and support people using the service received. On-going audits and feedback from people was used to drive improvement.

Good



St Judes Nursing 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 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.

This inspection took place on 13 and 14 May 2015. The first day of the inspection was unannounced.

The inspection was carried out by one inspector.

Before the inspection, we reviewed the information we held about the service. This included previous inspection reports and notifications of events that the provider is required to inform us about.

During our inspection we spoke with 12 people using the service and seven of their visiting relatives and friends. We also talked with the registered manager, administrator, three nurses, seven health care workers, the cook, a visiting GP and a community psychiatric nurse.

We spent time observing care and support being delivered in communal areas. We used the 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 looked at various records that related to people's care, staff and the overall management of the service. This included eight people's care plans and four staff files.

Is the service safe?

Our findings

The service took appropriate steps to protect people from abuse. People told us St Jude's was a safe place to live. One person said, "I definitely feel safe here." Training records we looked at showed us that all staff had received safeguarding adults at risk training in the past 12 months. Two new staff we spoke with confirmed safeguarding training had been covered in their induction. It was clear from discussions we had with the registered manager and staff that they all knew what constituted abuse or neglect, how to recognise the signs of abuse and how to report any concerns they might have. Staff said they had never witnessed anything of concern in the care home. One member of staff said, "I would speak to the nurse in charge that day or the manager if I saw anyone abusing the residents." Feedback we received from the local authority and records held by the CQC showed us the registered provider had worked closely with the local authority to deal with any safeguarding concerns raised about people using the service in the last 12 months.

The provider identified and managed risks appropriately. We saw each person's care plan included a personalised set of risk assessments that identified the potential hazards people may face. Staff told us these assessments provided them with detailed guidance about how they should be supporting people to manage these identified risks and keep them safe. For example, two staff told us if people needed staff to support them transfer from one place to another, care plans made it clear what equipment staff should use and how they should use it. Another member of staff gave us an example about people who required regular checks during the night to ensure they were kept safe. We saw staff maintained an accurate record of these checks to show this task had been completed in accordance with the individual's care plan.

The service managed accidents and incidents appropriately. We saw care plans were immediately updated in response to any accidents and incidents involving people using the service. This ensured care plans and associated risk assessments remained current and relevant to the needs of people. Two members of staff gave us an example of how they had responded to concerns about a person's weight loss. They told us they how they had introduced food and fluid charts to monitor this individual's dietary intake. Another member of staff

explained how they had recently amended one person's care plan to ensure the record continued to reflect this individual's mobility needs and set out clearly what additional support they now required to minimise the risk of them falling.

There were arrangements in place to deal with foreseeable emergencies. We saw the provider had developed a range of contingency plans to help people using the service, visitors and staff deal with unforeseen events, such as a fire or a gas leak. We looked at staff duty rosters and training records which revealed at least one member of staff on each shift had completed their basic first aid training, which staff we spoke with confirmed. The home was also well maintained, which contributed to people's safety. Maintenance and servicing records were kept up to date for the premises and utilities, including gas and electricity. Maintenance records showed us equipment, such as fire alarms, extinguishers, mobile hoists, wheelchairs, the passenger lifts, stair lift, call bells, and emergency lighting had been regularly checked and serviced in accordance with the manufacturer's guidelines.

The home was clean and well-maintained and bathrooms were large and uncluttered to allow staff to use moving and handling equipment safely. We saw fire evacuation chairs were available at the top of stairs and an up to date fire risk assessment for the service had been undertaken by an independent organisation and personalised fire evacuation procedures were in place for everyone who lived at the care home. Other fire safety records we looked at indicated staff routinely participated in fire evacuation drills, which staff we spoke with confirmed. Staff demonstrated a good understanding of their fire safety roles and responsibilities and told us they received on-going fire safety training. The registered manager told us the London Fire and Emergency Planning Authority (LFEPA) had inspected the service in April 2015 and were satisfied with the home's fire safety arrangements. The service is awaiting the LFEPA's report following their recent visit to the home.

There were sufficient numbers of staff deployed in the home to keep people safe. People said there were enough staff available when they needed them. One person said, "Yes. Always lots of staff about." Another person's relative told us, "I think the home is extremely well staffed." We saw staff were highly visible in communal areas on both days of our inspection. The duty rosters showed us staffing levels were determined according to the number and

Is the service safe?

dependency levels of the people using the service. Four members of staff told us staffing numbers had recently been increased during the day so there was enough staff available in the care home at peak periods of activity, which included when people got up in the morning and had their meals.

The provider had established and operated effective recruitment procedures. A relative told us, “I think the manager is very good at employing the right kind of people to work at St Jude’s. If you employ good staff you will get a good home.” Staff files we looked at showed us the service consistently carried out all the appropriate pre-employment checks on all prospective staff regarding their suitability to work with older people living with dementia. These included obtaining and verifying evidence of their identity, right to work in the UK, relevant training, and registration pin numbers for qualified nurses, references from former employers and security checks to ensure individuals were not barred from working with adults at risk.

People told us they received their prescribed medicines on time. One person said, “The staff always make sure I get my medicines at the right times.” We saw all medicines,

including controlled drugs, were kept securely locked away in medicines trolleys or the services clinical room when they were not being handled. Medicines records we looked at showed us each person had an individualised administration sheet that included a photograph of them, a list of their known allergies and information about how the person preferred to take their medicines. In this way the risk of errors occurring was minimised.

All the medicines administration record sheets we examined were up to date and contained no recording errors or omissions. Records revealed that all staff authorised to handle medicines on behalf of the people using the service had received medicines training and their competency to continue handling medicines safely was assessed annually. Two staff we spoke with demonstrated a good understanding of their medicines management roles and responsibilities. Nursing staff checked the recording of medicines on a daily basis so if errors had been made they could be rectified quickly. We saw the nurse in charge of medicines in the home routinely completed their own internal audit of medicines held by the service on behalf of the people who lived at St Jude’s.

Is the service effective?

Our findings

People received care from staff who were appropriately trained. People told us staff had the right knowledge, skills and experience to meet their needs. One person said, “the staff do a really good job”, while another person added, “staff seem to know what they’re doing here”. Relatives were equally complimentary about the positive attitude and competency shown by all the staff who worked at the care home, which included the nurses, carers, cleaners, cooks and gardeners. Training records showed us it was mandatory for all new staff to complete an induction, which included at least two shifts shadowing experienced members of staff. Other staff records we looked at showed us staff had regular opportunities to refresh their existing knowledge and skills. Staff we spoke with were able to tell us about the training they received about how to meet people’s needs, such as how to support people living with dementia. Staff spoke positively about the training they had received, which staff confirmed was on-going.

Staff received all the support and guidance they needed from the registered manager and senior nursing staff, and had sufficient opportunities to review and develop their working practices. It was clear from discussions with staff, and records we looked at, that staff attended individual supervision meetings with their line manager and group meetings with their fellow peers. Records also showed staffs overall work performance was appraised annually, which staff confirmed.

We observed that staff sought people’s consent before carrying out care tasks. During lunch we saw several members of staff carefully explain to people they were supporting to eat their meal, why they had come to sit next to them in the dining room or their bedroom, and what they proposed to do. They waited for the person to agree before continuing with the task.

Where people did not have the capacity to consent to decisions about their care, the provider followed appropriate guidance. Records showed that in such cases, the registered manager carried out assessments of mental capacity to demonstrate that people were not able to make decisions for themselves and involved other relevant people to come to a decision about what was in the person’s best interests. Where people did have capacity, they had signed to indicate that they consented to the proposed care plan being carried out.

It was clear from discussions we had with the registered manager that they understood they were responsible for making sure people’s liberty was not unduly restricted. The registered manager followed the requirements of the Deprivation of Liberty Safeguards (DoLS), which are designed to ensure that where a person is deprived of their liberty as part of their planned care, this is done only when necessary and in such a way as to protect their rights. DoLS applications had been made to the relevant authority when required and these had been approved. Records showed us the registered manager and her staff team had received Mental Capacity Act 2005 (MCA) and DoLS training. Staff we spoke with were knowledgeable about when DoLS applied and when they should report to their manager about potential DoLS issues.

Staff supported people to eat and drink sufficient amounts. People told us the food they were offered at St Jude’s was “good” and that they were always given a choice at mealtimes. One person said, “I really enjoy the food here”, while another person told us, “the food is very nice. We always have a choice at mealtimes”. Relatives also told us there was a good variety and the meals always looked and smelt appetising. One relative said, “I have tried the meals here, which tasted great to me. The cooks do a good job.” We observed staff regularly offering people drinks throughout the day and saw there were full jugs of juice located throughout the care home in people’s bedrooms and communal areas.

People’s nutrition and dietary needs had been assessed and were regularly reviewed. It was confirmed by discussions with relatives that any specific needs around eating, such as a soft or pureed diets and the support people required to eat and drink sufficient amounts, were being met by staff. Care plans included information about people’s food preferences and the risks associated with them eating and drinking, for example where people needed a soft or pureed diet. Staff demonstrated a good awareness of people’s special dietary requirements and the support they needed. We saw evidence that if people were assessed as being at risk of malnutrition or weight loss, appropriate action had been taken by staff to refer them to specialist health care professionals, for example, a dietitian. Furthermore, staff would closely monitor and record the dietary intake of people identified at risk of

Is the service effective?

malnutrition on a daily basis, which ensured they had all the information they needed to determine whether or not they were eating and drinking sufficient amounts to remain hydrated and well.

People were supported to remain in good health. Relatives told us staff communicated well with them and ensured they knew when healthcare appointments were. One relative said, “As soon as it was apparent [my relatives] health was failing the staff contacted the GP immediately and then let us know what was going on.” We saw timely referrals had been made to other professionals where necessary and accurate records were kept of these appointments and outcomes. A visiting healthcare professional told us staff were good at following their recommendations. During our inspection we observed staff take appropriate and timely action to contact all the relevant community based health care professionals when it became clear one person’s health had significantly deteriorated. Care plans set out in detail how people could remain healthy and which health care professionals they needed to be in regular contact with to achieve this.

People told us St Jude’s was a comfortable place to live. One person said, “I like the garden”, while another person

told us, “I think it’s very homely here”. Relatives were equally complimentary about the homes environment and recent improvements the provider had made to the homes interior. One relative said, “A lot of works been done lately to redecorate some of the bedrooms and generally spruce the place up a bit. I think they [the provider] has done a good job.” Another relative told us, “I think the place looks marvellous. The owners have put a lot of time and money into the place recently.” We saw people’s bedrooms were personalised and included all manner of possessions people had brought with them including: family photographs, pictures, ornaments and various pieces of furniture such as chairs and display cabinets. We also saw there were ramps leading to the rear garden which meant this outside space was accessible to all.

We saw signage throughout the home was good which helped people using the service identify important rooms or areas such as their bedrooms, toilets, the lounge and dining room. The registered manager told us, and we saw that work had begun on fitting memory boxes to everyone’s bedroom door, which would contain the name, portrait photograph and a variety of other visual clues to help people recognise their room.

Is the service caring?

Our findings

People were supported by caring and attentive staff. People spoke positively about the staff and typically described them as “kind and caring”. Comments we received included, “the staff are lovely”, “I haven’t got a bad word to say about the staff” and “the staff are so good to me.” Feedback we received from relatives was equally complimentary about the standard of care and support provided by staff at the home. One relative told us, “The nurses, carers, manager’s cleaners and cooks are all brilliant. Can’t fault any of them.” Another relative said, “I’m very happy with the care [my relative] receives here. I would recommend this place to anyone.” Throughout our inspection the atmosphere in the home remained pleasant and relaxed.

We saw conversations between staff and people living at the home were characterised by respect, warmth and compassion. People looked at ease and comfortable in the presence of staff. On several occasions we observed managers and staff were quick to reassure people in a caring and timely way when individuals had become anxious or confused. For example, we saw a member of staff put their arm around the shoulder of someone who was clearly upset and discreetly ask them what the matter was. The staff stayed with this individual until they looked more settled. Care plans contained information about people’s life history, previous jobs and the things that were important to them to help staff get to know them and develop positive relationships.

People’s privacy and dignity was respected. One person told us they chose to spend most of their day in their bedroom where they also ate their meals. It was clear from discussions we had with staff that they knew who liked to eat alone in the privacy of their bedroom and we saw them respect this individual’s wishes during lunch. Relatives also told us staff always respected their people’s privacy and dignity. Throughout our inspection we saw staff ensured people’s dignity was respected and that personal care was always provided in private behind the closed door of their bedroom, the bathroom or toilet. We also saw staff knocked on people’s doors and always waited for their permission to enter before doing so. Both the shared bedrooms had privacy curtains, which staff told us they use when they were providing people who occupied these double rooms with any personal care.

People were supported to maintain relationships with their families and friends. A relative told us they were free to visit their family member whenever they wanted and were not aware of any restrictions on visiting times. They said, “Everyone always makes you feel so welcome. I’ve been spending a lot of time here lately, which no-one seems to mind.” Care plans identified all the people involved in a person’s life and who mattered to them.

People told us staff responded quickly to their requests for assistance. A relative said, “Staff are very good at coming to your aid if you call them.” We saw a call system was located in bedrooms and throughout the home, which enabled people to summon assistance from staff when they needed it. On several occasions we observed staff respond to a call within a few minutes of it being activated. We saw people could access their call bell easily when they needed to gain staffs attention.

People had been supported to express their views for how their needs should be met. These were listened to and respected by staff. One person told us they felt able to tell staff what they wanted in terms of their care and support and they were supported by staff to make decisions about what happened to them. Records of meetings with people and their individual key-workers showed staff enabled people to state their views about the different options of support available to them.

Throughout our inspection we saw people used a variety of communication aids and tools to express their wishes and feelings. For example, during lunch we observed staff use photographs of various items of food and drink to help people decide what they would like to eat at mealtimes.

People were encouraged and supported to be as independent as they wanted to be. People told us they could move freely around the home. We observed staff on numerous occasions walking with people in an unhurried way along corridors accompanying them to other parts of the building or to the garden. During lunch we also saw people who needed additional support to eat and drink were offered suitably adapted plates, cutlery and cups, which ensured they maintained the ability to eat independently without the assistance of staff.

When people were nearing the end of their life they received compassionate and supportive care. People told us their key-worker had helped them decide how they wanted to be supported with regards to their end of life

Is the service caring?

care, which we saw was reflected in care plans we looked at. It was also clear from discussions we had with people using the service and their relatives that palliative care specialists regularly visited the care home. Staff we spoke with confirmed they had received end of life care training. The registered manager told us, and we saw recorded

evidence, that the service was in the process of being accredited by the Gold Standards Framework (GSF) in care homes, which is a nationally recognised programme that aims to improve the quality of care for people nearing the end of their life.

Is the service responsive?

Our findings

People were involved in discussions about their care. People using the service and their relatives told us they had been given every opportunity by the registered manager to visit St Jude's to help them decide whether or not the home was right for them. The registered manager told us they were responsible for carrying out an assessment of people's abilities and needs before they were offered a place at the home. Staff told us this information was then used to develop personalised care plans for each person who used the service.

Care plans we looked at reflected people's needs, abilities, preferences and goals and the level of support they should receive from staff to stay safe and have their needs met. Care plans also included people's daily routines and how they liked to spend their time, food preferences, social activities they enjoyed, social relationships that were important to them and how they could stay healthy, well and safe. It was clear from discussions we had with staff that they were familiar with people's life histories and preferences. For example, one member of staff was able to tell about peoples' past careers and where they had lived previously.

The service took account of people's changing needs. People told us they were encouraged by staff to be involved in reviewing their care plan. A relative also said, "The manager never fails to invite to attend [my relatives] annual care plan review." We saw care plans were updated at least once a month by peoples designated key-workers to reflect any changes in that individuals needs or wishes, . This helped to ensure they remained accurate and current.

We saw people's wishes and preferences were respected in relation to the care being provided. People told us they could choose what time they got up, went to bed, what they wore, had a bath, what they ate and what they did during the day. One person said, "They had chosen who their key-worker was." Two relatives we spoke also gave us examples of how the service had respected their [relatives] expressed wish to only have female staff provide their personal care. We saw easy to read menus on each table in

the dining room that clearly displayed in large print and photographs that day's meal choices. We observed staff use pictorial cards to help people decide what they wanted to eat for their lunch. We also saw staff offer to make one person a sandwich after it became clear they had not touched any of the meal they had initially chosen to eat for their lunch that day.

People could engage in social activities that interested them. Several people told us they "liked the activities" they were offered at the care home. One person said, "I enjoy the lady that comes here to sing every week", while another person told us, "I'm quite happy reading a book in my room, but I know they have lots of activities in the lounge which you can join in with if you want.". Relatives told us there always seems to be plenty going on in the home. One relative said, "I don't think people ever get bored here." We saw staff initiate a game of bingo in the main lounge and heard music being played in most communal areas throughout our visit. People's social interests and hobbies were detailed in their care plans and we saw the home's weekly activities schedule reflected those interests. Social activities offered at the home included: reminiscence sessions, piano recitals, group sing-a-longs, bingo, a gardening club, regular film nights in the homes designated cinema room, hand massage, knitting and arts and crafts. The registered manager told us a pool table had just been ordered and the provider was in the process of converting the homes former smoking room into an aromatherapy/sensory room.

The provider responded to complaints appropriately. People told us they were given a copy of the provider's complaints procedure when they first came to live at the home. People also felt comfortable raising any issues or concerns they might have with the home's management. One relative told us, "Never even been close to making any formal complaints about this home, but if I did, I've no doubt it would be dealt with quickly." We saw copies of the provider's complaints procedure were available in communal areas. We noted all complaints received by the provider were logged by the registered manager and the actions taken to resolve them had been well documented.

Is the service well-led?

Our findings

The registered manager has been in post for a year. People told us, “The manager seems to know what’s she’s doing.” Relatives we talked with were equally complimentary about the registered manager’s leadership style. One relative said, “the manager clearly knows what she’s doing”, while another relative told us, “I think the new manager is fabulous. They have done so much in such a short period of time to make St Jude’s an even better place for people to live”. They all spoke positively about the registered manager’s inclusive approach to running the home and about how accessible she was.

The service had a hierarchy of management with clear responsibilities and lines of accountability. It was also clear from discussions we had with staff that they felt the home had an effective management structure in place. Staff told us they felt they “worked well together as a team” and the manager was “firm, but fair”. Staff also knew who was responsible for each aspect of the care they provided.

The registered manager ensured there was an open and inclusive culture within the home, where people and their relatives could share their views, experiences and ideas about how the service could be improved. People told us the registered manager and staff were “extremely approachable” and “good listeners”. People knew when the next residents’ and relatives’ meeting were and told us these gave them the opportunity to discuss what the home could do better. They told us the management were very good at keeping in touch with them. Minutes from residents’ meetings showed that people had the opportunity to discuss the quality of food, personal care, activities and other areas that were important to them. Records indicated relatives who had participated in the provider’s most recent satisfaction survey at the end of 2014 were very happy with the overall standard of care provided at St Jude’s.

Similarly, the feedback given by various community based health and social care professionals who had participated in another of the homes satisfaction surveys also said they were satisfied with the quality of the care provided at the home.

Staff were asked for their views about the home. We saw evidence that line managers discussed good practice with staff in one-to-one supervision, which helped the provider

gauge staff knowledge, share information on good practice with staff and monitor how well they were following guidance. Staff told us they had “regular team meetings with the manager and their fellow peers”. One member of staff said, “We always discuss the changing needs of people who live here at team meetings.” Staff were confident the services’ management listened to what they had to say and would always take seriously any concerns they might raise with them about the home.

Similarly, visiting community based health care professionals told us the service was good at sharing information with them on a regular basis so they were aware of any relevant changes in their patients’ health or life expectancy.

The provider had good governance systems in place to assess, monitor and improve the quality and safety of the service people received at St Jude’s. Relatives said the service had a strong culture of continuous improvement and gave us examples of changes they had wanted to the homes interior design and décor, which we saw the provider was in the process of implementing. For example, we saw the programme to refurbish peoples bedrooms and install memory boxes was well underway. One relative said, “They [the provider] have made a lot of headway to improve the homes physical environment in the past year.”

We saw recorded evidence that senior managers representing the provider and the homes management regularly carried out audits and structured observations of staff providing care to people. If they identified any issues, they discussed them with both the member of staff and the person they were providing care to. The registered manager told us any accidents, incidents, complaints and allegations of abuse involving the people using the service were always reviewed and what had happened analysed so lessons could be learnt and improvements made to minimise the risk of similar events reoccurring. The registered manager also used feedback they had received from regular audits undertaken by senior managers representing the provider and external professionals, such as community based pharmacists and fire safety officers. . This showed that the provider responded promptly to feedback and used it to continually improve the service. Staff told us the outcome of any audit carried out by the

Is the service well-led?

provider, community based professionals or the homes management were always discussed at team meetings which ensured everyone was aware what they did well and what they could do better in the future.

The registered manager demonstrated a good understanding and awareness of their role and responsibilities particularly with regard to CQC registration requirements and their legal obligation to notify us about important events that affect the people using the service,

including serious injuries, incidents, applications to deprive someone of their liberty and allegations of abuse. It was evident from CQC records we looked at that the service had notified us in a timely manner about all the incidents and events that had affected the health and welfare of people using the service. A notification form provides details about important events which the service is required to send us by law.