St. James's Lodge Healthcare Ltd

St James's Lodge

Inspection report

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26 October 2018

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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

Why we inspected:
This inspection was a scheduled comprehensive inspection based on previous rating.
St James's Lodge (St James's) was inspected on the 25 & 26 October 2018. This was an unannounced inspection.

What life is like for people using this service:
People were assured of continuing to receive care that was safe, effective, caring responsive to their needs and well-led.

Everyone we spoke with told us St James's was a lovely place to live and visit, that staff were kind and caring and people were treated with respect.

People were involved in their day to day lives through being empowered to make their own choices about where they spent their time, who with and how. Their independence was promoted and staff actively ensured people maintained links with their friends and family.

People's health was well managed and staff had positive links with professionals which promoted wellbeing for them.

Staff showed a genuine motivation to deliver care in a person-centred way based on people's preferences and likes. People were observed to have good relationships with the staff team.

The environment was safe and people had access to appropriate equipment where needed. Staff had received appropriate training and support to enable them to carry out their role safely, including the management of medicines.

Staff were recruited safely in good numbers to ensure people's needs were met. There was time for social interaction and activity with staff. Staff knew how to keep people safe from harm.

People were given a good, healthy diet and kept hydrated. The service was following a new, internationally agreed way of monitoring people's food needs. They were also ensuring Dignity in Food guidelines were integral to this.

The registered manager, provider and senior team worked well to lead the staff team in their roles and ensure people received a good service. People, their relatives and staff told us they were approachable and that they listened to them when they had any concerns or ideas. All feedback was used to make continuous improvements to the service.

Rating at last inspection: The service was previously rated as Good. The report was published on the 5 May

2016.

About the service: St James's Lodge is a nursing home that is registered to provide personal and nursing care to 38 older people. There were 28 people living there at the time of the inspection.

Recommendations:
• In respect of equality, diversity and human rights, we recommend the provider review their Statement of Purpose and training to ensure everyone knows they are welcome to their home, including people who may have difference, and staff are better able to understand the diversity of people.
• We have recommended that the provider reviews the Accessible information standards and the ensure the requirement implemented in their work

Follow up:
We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The full details can be found on our website at www.cqc.org.uk

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 findings below.

Is the service effective?

Good

The service was effective

Details are in our findings below.

Is the service caring?

Good

The service was caring

Details are in our findings below.

Is the service responsive?

Good

The service was responsive

Details are in our findings below.

Is the service well-led?

Good

The service was well-led

Details are in our findings below.

St James's Lodge

Detailed findings

Background to this inspection

The 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.

Inspection team: The inspection team was made up of two inspectors, a specialist nurse 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.

Service and service type: St James's Lodge is a care home with nursing. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at.

A registered manager was employed to manage the service. 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. They were supported in this role by a nurse manager and administrator.

The inspection took place on the 25 and 26 October 2018 and was unannounced.

What we did:
Before the inspection we reviewed the Provider Information Return (PIR). The PIR This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we made the judgements in this report. We also reviewed notifications we had been sent. Notifications are specific issues that registered people must tell us about

During inspection information we reviewed:

•Seven people's care records and spoke to them where we could
•Records of accidents, incidents, compliments and complaints
•Audits and quality assurance reports
•We spoke with seven other people using the service and seven relatives
•We spoke with eight members of staff and four student nurses
•We spoke with two health and social care professionals

After inspection; we asked the registered manager and provider to audit
•Their personnel files for all staff currently employed as we could see there were gaps in these files we saw;
•Their training matrix due to gaps but we were told there was other information to add in.

Good

Is the service safe?

Our findings

People were safe and protected from avoidable harm.

People and their families said that they felt safe. A person said, "I feel very safe here." Relatives told us, "I feel my wife is safe here when I leave her"; "I feel my sister is in safe hands here" and, "My husband is safe here."

Supporting people to stay safe from harm and abuse

•The provider had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse.
•Staff had received appropriate and effective training in this topic area.
•People and their relatives could explain to us how the staff maintained their safety.

Assessing risk, safety monitoring and management:

•People had risk assessments in place that reflected on their needs such as falls, skin integrity, weight and moving and handling.
•People's health needs were assessed in their care plans.
•All risk assessments were reviewed each month or earlier if their needs changed.
•People's needs in the event of a fire or whole home evacuation were planned for
•People told us there were regular fire alarm tests.
•People's equipment, such as their air mattresses, were monitored to make sure they were safe and not posing any additional risk to them.
•The environment was checked often to ensure the inside and outside of the service remained safe.

Staffing levels:
People and relatives felt there were generally enough staff. People commented that when staff were really busy was the only time they had to wait longer. We were told, "The staff normally come pretty quickly except when they are very busy"; "It depends on the time of day as for speed" and, "It depends how busy they are. At night time it's pretty good".

•Staffing levels were flexible and maintained at levels to meet people's current assessed need.
•Staffing levels were regularly assessed and flexible in line with people's changing needs.
•The service was acting as a placement for six student nurses which gave the service. additional staff across the week which added extra benefit in ensuring people's needs were met.
•People's call bells were answered quickly during the inspection.
•Staff felt they could spend quality time with people.

Staff were recruited safely. However, we observed there was a gap in exploring all prospective staff's employment history. We discussed this with the registered manager and asked them and provider to audit the files for staff currently employed in the service. The provider has advised they have changed how they

store staff personnel information and put in a new auditing system to identify any future gaps in these records. Staff personnel records will only be signed off when seen to be complete.

Using medicines safely:
People said they had all the medications they were due to have and on time. People said, "I get my pills regularly and on time"; "They bring my medication to me and give me my night tablets. They're very punctual" and, "I have several tablets - they're always on time; they're good as gold."

•Medicines were given as administered as prescribed and recorded in line with current guidance.
•People had control of their medicines with regular GP reviews taking place.
•Where people could not consent, the service ensured they worked in line with the Mental Capacity Act 2005.
•Medicines were ordered, stored and disposed of safely.
•Medicine practice and records were audited at regular intervals to ensure medicines administration remained safe.

Preventing and controlling infection:
•Staff received regular training to ensure they understood safe infection control practices while caring for people and handling food.
•Staff wore personal protection equipment and disposed of contaminated waste safely.
•The service was cleaned with regular cleaning observed throughout the inspection.
•The service had a policy in place and completed regular audits to ensure safe infection practices were adhered to.

Learning lessons when things go wrong:
•Medicines errors were identified and acted on.
•Accidents and untoward events were reviewed to make sure lessons could be learnt for the future
•People's records were updated quickly following an incident; the service worked closely with other health and social care colleagues to ensure lessons were learnt from incidents such as falls.

Good

Is the service effective?

Our findings

People's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on best available evidence.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
•People had their needs assessed before or as they moved into the service; an initial care plan was put in place to meet their needs. This was shared with staff.
•We spoke with the registered manager about the initial assessment not identifying the social needs of the person and this has now been put in place.
•People were supported to settle in and express their needs more fully; staff spent time with them to ensure their needs were being met as they would like them to be.
•Staff took a whole person approach to people, identifying additional needs such as their medicine history, mood, goals and efforts to regain their mobility. A staff member said, "I like to think of them as a person. We can care for them better as an individual".

Staff skills, knowledge and experience:
•Staff were trained to be able to provide effective care.
•People told us the staff were well trained to meet their needs.
•Relatives were also confident staff were trained to a standard to look after their loved ones well. One said, "There's always courses going on here and they all look well into it."
•All the staff spoke highly of the training, support and supervision they received.
•Staff told us they could approach the registered manager, nursing staff and senior carers at any time for extra guidance. One staff member said, "If we are unsure of a subject or someone's needs, we can ask and get the information we need."
•Training was updated at the provider's required intervals however the records had gaps in them. We gave the provider some more time to complete these fully.

Eating, drinking, balanced diet
•People had plenty of choice in what they wanted to eat and when; people were offered a menu but could choose other foods if they did not like what was on offer. A person said, "The food is lovely. You have what you want." Another person said, "I like the food – I eat it all up."
•Peoples' likes and dislikes were recorded and reacted to flexibly.
•The kitchen staff were passionate in their communication with us on how they supported people to try something else if they were unwell; they would do what they could for people to eat what they wanted.
•No one used the dining room for lunch or tea during the inspection. People chose to eat in the lounges and their rooms. They were supported to eat and drink as needed. Where we could observe we saw staff helping people and encouraging them to eat in their own time and engaging in a certain amount of banter.
•People's changes in weight and swallowing were identified quickly and support sought from their GP, dieticians and the Speech and Language Team (SALT).
•The service had implemented the IDDSI Framework in assessing and recording how people should have

their food and fluid prepared. The International Dysphagia Diet Standardisation Initiative is an internationally recognised, multicultural way of ensuring a single language when supporting people with swallowing issues. One person said, "They pipe the food and it looks better. They try to make it look like a carrot or a sausage. It tastes ok." A relative said, "My wife is on a soft food diet which she likes. I have had lunch here – it's very good."
•All staff had also attended "Dining with Dignity" training and implemented this in the service. The impact being that the presentation of the food was inclusive of everyone in dining. People on a specially prepared diet could sit with people and not stand out as being different. The kitchen staff prepared people's food carefully and staff supporting people to eat were taught to give the food in way that maintained the food's visual impact.
•Staff identified people who were at risk of dehydration by reviewing fluid charts in the early afternoon each day; kitchen staff and care staff were then detailed to support that person with more opportunities to have a drink.

Staff providing consistent, effective, timely care
•People said their health needs were met and the staff would get hold of their GP when needed. A person said, "The GP comes when I want him – they get him." A relative said "My wife can have the doctor when she wants – they'll get him."
•Records detailed there was a range of health and social care staff supporting people and the staff to deliver effective care.
•We identified that not all significant events for people were fully recorded. Following this feedback, new systems have been put in place and staff informed on how to use these. This means events like this will be recorded fully and it will be easy to follow when auditing these events.
•A GP told us, "This home is one of the best; the nursing care is brilliant. The registered manager and nurse manager are very good. I can't fault them." They added that he service was always appropriate in contacting them, kept them informed of people's conditions and were "very switched on" to meeting people's health needs.

Adapting service, design, decoration to meet people's needs
•The service had undergone redecoration in many areas since the last inspection.
•There was an ongoing refurbishment taking place with people's rooms refreshed when they became empty.
•The service was accessible to people with a passenger life to all floors.

Ensuring consent to care and treatment in line with law and guidance
We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met.

The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

•Relatives said they were consulted about their relatives care when that person could not consent for themselves.
•People confirmed that consent was sought before care commenced. One person said, "They always knock and then ask my permission and check I am ready". Another said, "They always ask before they wash me

and dress me."
•People had their capacity to consent to their care and treatment assessed as required.
•People were supported to have time to consent when needed; staff knew people well and would seek to understand the person's response.
•People's ability to consent was reviewed as it was accepted that people could regain the ability to consent as they became well and stabilised with the care given at the service.

Equality and Diversity and Human Rights
•St James's Lodge accepted people as individuals and worked to advance their individual care. A staff member said, "We look after everybody; the person, family and friends. We will ask if they are all OK and look after them all."
•Some staff had training in equality and Diversity and Human Rights.
•We discussed with the registered manager that their paperwork focused on clinical aspects of people's care which they had reviewed. People's care records should be able to better identify people's diverse needs.
•We recommend the provider review their Statement of Purpose and training to ensure all people know they are welcomed and staff are better able to understand the diversity of people.

Good

Is the service caring?

Our findings

The service involves and treats people with compassion, kindness, dignity and respect

Treating people with kindness, compassion, dignity and respect
•People described the atmosphere at the service as being "very friendly".
•People were comfortable with staff and staff were observed greeting people politely
•People said, "I've never seen such kind people"; "The staff are always coming up to me and saying, 'good morning'"; "Oh yeah [the staff] are kind and, I usually have a laugh with them" and, "Yeah – I'm happy – they're good [staff]."
•A person new to the service said, "They treat me as an individual; they're all very pleasant and they always call me by my Christian name."
•A relative said, "The atmosphere is good, an overall good impression."
•Staff spoke passionately about the people they were caring for. One staff member said, "I regard everyone as family; home from home"
•One person nursed in bed had their cat visit, which was very important to them. All the staff were prepared that the cat was visiting and how to ensure they remained safe in the person's room. All the staff made a fuss of the cat with the person which was also special for them.
•The service had a resident cat who was loved by people and staff alike. The cat was an important comfort to people and staff alike.

Ensuring people are well treated and supported:
•At the time of this inspection St James's was caring for many people who were too poorly or not wanting to use the communal areas; there was an emphasis on ensuring people were comfortable and had regular contact with staff.
•People in the communal areas were always greeted warmly and had regular contact with staff. We observed a lot of spontaneous kindness and staff felt comfortable holding hands and hugging people in a friendly manner.
•The staff spoke about people that have or are currently living at the service who have no family. One staff member said, "We become their family".
•One staff member told us about a person who was living in the service along with her pet bird. This person became distressed that they knew they were going to die and had nowhere for the bird to go. The staff member took the bird home and looked after it adding, that they took photographs of the bird and gave them to the person; "This gave the person rest and she was so grateful."
•Visitors could come and visit without restriction and were made to feel very welcome.
•Relatives said, "They look after me very well; they offer me tea every time I come. I can have lunch if I want" and, "They make me feel very welcome."
•A person said, "My brother comes to visit me and they make him feel comfortable."

Supporting people to express their views and be involved in making decisions about their care:
•People were supported to express their views and be involved in making decisions about their care.
•A GP told us they had always seen staff speak kindly to people and ensure people were involved in the

treatment decisions. They added it was obvious that all the staff knew people well and could support people to communicate their wishes and feelings.
•A staff member said, "People know we are looking after them; they come in alone and a little scared. We reassure them and given them options".

Respecting and promoting people's privacy, dignity and independence:
•People felt staff respected them and their privacy. This sentiment was echoed by all, including their relatives. Everyone who could, confirmed that staff always knocked before entering rooms and asked before conducting care.
•The staff took time to get to know the individual and support them to remain as independent as possible for as long as they were able.
•A staff member said, "I like to think of them as a person; we can care for them better as an individual.

Good

Is the service responsive?

Our findings

People received personalised care that responded to their needs

How people's needs were met

Personalised care
•People had care records in place that were updated as required; people, and where required their relatives or representative, were involved in writing and reviewing these.
•The care plans held thorough clinical records of people's complex needs and how these were to be met by staff. These were supported by staff recording how they met people's needs in practice. For example, checks on their skin, when they were turned to prevent pressure sores and food and fluid charts. These were audited and overseen by the senior carers to ensure people's needs were being met as planned.
•The records and people's accounts detailed how closely the staff worked with GPs, Physiotherapists, Occupational Therapists, the SALT, mental health staff and other key health and social care staff as required. The professionals we spoke with were supportive of how the service met people's needs and got to know people regardless of how long the person stayed with them.
•When we spoke with the registered manager, nurse manager and staff, they demonstrated they knew people really well. They knew their personalities as well as their clinical needs. They also operated at a high level of ensuring people were happy, safe and secure in their care. When we read people's records, this aspect was not recorded. Following feedback, a new "Social needs" care plan has been introduced.
•Monthly observations were taken by care staff of people's weight, pulse, blood pressure, temperature and oxygen saturation (and, where needed, blood sugar). For people whose observations were a concern the staff detailed the action they took. However, we identified that there was no normal range for people and the action taken was not always recorded. Following feedback, the service has introduced a new recording form for this on a "Significant events" form to detail what then happened.

Activities and keeping people active
•People were supported to maintain and follow their faith.
•People could go out into the community and attend groups if they desired.
•The staff supported people to go for a walk locally if they wanted to.
•A member of staff had the lead role in activities and kept a record of people's activities. They told us, "The activities are led by the people. We have a board with the list of what can be done in the entrance. I ask people what they want to do. We have music; they like a good sing song."
•Staff told us they had enough time to go and see people in their rooms and have a chat over a cup of tea or coffee.
•A person said they have good Christmas activities adding, "We have a Christmas draw and we had the children here to sing carols."
•A relative said, "My wife does some handicrafts, makes cards. The other day she made a garden gnome!"

Improving care quality in response to complaints or concerns:
•The service ensured people's concerns were addressed early on before they became an issue. A book was

kept of small issues and compliments that could then be shared with staff.
•There were no formal complaints for us to review, but people and relatives told us they felt comfortable approaching any of the staff and/or registered manager to raise a concern.
•No one we spoke with had had any complaints. In fact, one person commented what was echoed by others; "If I had a complaint and anything was wrong I would talk to the manager."
•Another person said, "I've got nothing against them; no complaints." A relative said, "I have no complaints. If I have a concern I tell the staff. They sort it out quickly."

End of life care and support:
•The service was meeting the needs of a number of people's complex end of life needs at the time of the inspection.
•The service was taking an increasing number of people for short periods who were at the end of their life.
•People's care records focused on the clinical aspects of people's care but did not reflect the person's wishes and feelings at their end of life. When we spoke with staff, they spoke passionately about the efforts they made to meet people's end of life desires but this was not recorded. The registered manager started to think about how they could reflect this during the inspection.
•We identified some Treatment and Escalation Plans (TEPs) completed about people when they were at the hospital had not been completed in line with current guidelines. The registered manager was going to speak to people's current GPs to ensure these were completed correctly and reflected people's current status.
•People could be assured of a death that was pain free where they were not alone; if they had no family to be there, staff ensured someone was present and sat with them.
•Families were supported to be with their relatives at the end of life knowing that staff would be there for them as well.
•Feedback from people whose relatives had died at St James's said, "Just want to say a big thank you for making my wife's last days as comfy as possible"; We would like to say a huge thank you for all your loving care of our mother. She was with you for such a short period of time but you made us one of the family. Thank you" and, "I spent many hours at my sister's bedside; not only did you make her comfortable but I felt you all helped me during this sad time. Words cannot express how grateful I am for all your care and compassion".

Accessible information standards:
•The staff instinctively met people's communication needs but there was no identified strategy in ensuring they were meeting the Accessible information standards
•The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and publicly funded adult social care services to comply with AIS.
•We recommend that the provider reviews the Accessible information standards and implements these in their work

Good

Is the service well-led?

Our findings

Leadership and management assured person-centred, high quality care and a fair and open culture.

Leadership and management
•The provider had regular review meetings with the management team to ensure policies and procedures were being followed and care standards maintained.
•Regular audits of aspects of the service took place to check practices around medicines, infection control and care planning, for example were maintained to a good standard.
•The registered manager and provider were responsive to inspection feedback and acted to improve the recordings in respect of recruitment and the social aspect of people's care records.
•People, relatives and staff spoke highly about the leadership and governance of the service. A person said, "The [registered] manager and her assistant are very strict but fair and are as good as gold."
•Relatives said of the registered manager, "I am totally confident in her ability to look after my husband" and, "We feel comfortable with my sister here. The manager is very approachable and nothing is too much bother". Another relative was impressed with the 'hands on' approach of the registered manager adding, "She calls me if anything happens to my wife."
•Staff told us, "The [registered manager and nurse manager] are lovely. They are supportive and talk to me; they have helped me through loads" and, "Management are really approachable. I feel listened to; we can give ideas and with trial. If it works it works".

Plan to promote person-centred, high-quality care and good outcomes for people:
•The registered manager led by example and ensured people, staff and relatives were clear that the values in operation would only accept good care and outcomes for people. The registered manager spoke about how people should feel safe, well cared for and have their complex medical needs met.
•The service worked in partnership with people, relatives and professionals to seek good outcomes for people.
•All staff were keen to emphasise the service would advocate for people if required. For example, in respect of ensuring medicine reviews took place. This meant people were only on the medicines currently required as opposed to taking those which were no longer relevant or the best for the person.

Working in partnership with others:
•The health and social care professionals spoke highly of the registered manager and nurse manager acting as part of the multi-disciplinary team in meeting people's care needs.
•The service worked closely with the local acute hospital and its discharge teams in taking people for short term placements for end of life and respite.
•The service had worked with a local voluntary project to improve the garden. This involved people living at the service. They had made a garden area where people could sit outside and enjoy the plants when the weather was nice. They could also enjoy the view by looking through the patio doors.
•The registered provider and manager had ensured all agencies were contacted if a concern was identified. This including telling us about any specific issues they are required to tell us about by law.
•Systems were in place to ensure the Duty of Candour (DoC) was adhered to. The DoC is the requirement to

be transparent when something goes wrong

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements:
•The registered manager led the service fully with the support of the nurse manager, other nurses and senior carers.
•All staff were clear about their roles and responsibilities. Where tasks were delegated by the registered manager, they remained informed, involved and accountable.
•Other staff were supported by the registered manager to take lead roles in aspects of the service. For example, a staff member led on health and well-being, activities, the IDDSI (The International Dysphagia Diet Standardisation Initiative) framework and end of life care.

Engaging and involving people using the service, the public and staff:
•People were involved in feeding back on the service through regular residents' meetings and questionnaires.
•People were consulted on changes in the service. For example, in respect of the décor.
•Questionnaires were sent to relatives and professionals. Any feedback was collated and shared with staff.
•People, relatives and professionals were kept up to date with any action in respect of feedback.

Continuous learning and improving care:
•The registered manager and nurse manager attend the local dignity in care forum and used this to keep up to date with local initiatives.
•The service was acting as a placement for second and third year nursing students. The nurses spoke highly of the registered manager, nurse manager and all staff at the service. One of the student nurses said, "They are really nice; lots for us to learn to get to know people. The [managers and staff] are on the ball; attentive and we are part of the team". Another one told us the registered manager and nurse manager had been good role models, "I have learnt the importance of nurse oversight; the importance of personal care and contact so people know they can trust us."
•The nurse spoke of learning from the student nurses; both spoke about how this was proving to be an experience which had a mutual benefit.
•Systems were in place to ensure the safety of the building and equipment.