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St James House Darwen

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This was an unannounced inspection which took place on 21 January 2015. We had previously carried out an inspection in May 2013 when we found the service had breached one of the regulations we reviewed. We made a compliance action that required the provider to make the necessary improvements in relation to the care and welfare of people who used the service. Following the inspection in May 2013 the provider sent us an action plan telling us what steps they were going to take to ensure compliance with the regulation. We revisited the service in September 2013 and found the required improvements had been made.

St James House provides accommodation for up to 30 people who require support with personal care. There were 25 older people living at the service at the time of our inspection.

The service had a registered manager in place. 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 and associated Regulations about how the service is run.

Summary of findings

On this inspection we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because the systems to ensure the safe administration of medicines in St James House were not sufficiently robust to ensure people who used the service were adequately protected. You can see what action we told the provider to take at the back of the full version of this report.

All the people we spoke with who used the service told us they felt safe in St James House. Comments people made to us included, “I feel safe and well looked after” and “I feel safe here; I’m not frightened of anyone.” Relatives we spoke with confirmed they had no concerns about the safety of their family member in St James House.

Staff had received training in safeguarding vulnerable adults and were able to tell us what action they would need to take if they had any concerns about the care people received in St James House. All the staff we spoke with were confident any concerns they might raise would be taken seriously and acted upon.

Risk assessments and risk management plans were completed and regularly reviewed to help ensure people were protected against the risk of falls, pressure ulcers or poor nutrition and hydration.

Recruitment processes in the service were sufficiently robust to protect people from the risks of unsuitable staff. We found staffing levels were appropriate to meet the needs of people who used the service.

All the people we spoke with gave positive feedback about the staff in St James House. Comments people made to us included, “Staff are really good and very patient”, “All the care staff are brilliant” and “Staff are marvellous; you couldn’t find any better.” During the inspection we observed positive and caring interactions between staff and people who used the service.

There were systems in place to provide staff with induction, supervision and training. Staff told us they enjoyed working at St James House and considered they received the training and support they needed to effectively carry out their role.

Staff we spoke with were aware of the principles of the Mental Capacity Act 2005; this legislation provides legal safeguards for people who may be unable to make their own decisions. The registered manager demonstrated their knowledge about the process to follow should it be necessary to place any restrictions on a person who used the service in their best interests. We noted an application had been made to the local authority to authorise restrictions which were in place to ensure one person received the care and treatment they required.

People who used the service told us they were able to make choices about the care and support they received. They told us the care they received was appropriate to meet their needs.

People who used the service received support and monitoring to help ensure their nutritional needs were met. All the people we spoke with made positive comments about the quality of food provided in St James House.

We found people had regular opportunities to comment on the care provided in St James House. We noted comments made in the most recent satisfaction survey had been mainly positive.

All the people we spoke with told us both the registered manager and the owner of the service were very approachable and would always listen and respond if any concerns were raised.

There were a number of quality assurance processes in place in St James House. This showed us the registered manager was regularly reviewing how the service could be improved.

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 not always safe. This was because improvements needed to be made to ensure people were protected against the risks associated with the unsafe management of medicines in the service.

Staff were safely recruited. There were sufficient staff available to meet people's needs.

Risk assessment and risk management procedures were sufficiently robust to help ensure people always received safe and appropriate care.

Requires Improvement



Is the service effective?

The service was effective. This was because staff knew people well and had the training and support they required to deliver effective care.

Staff were able to demonstrate an understanding of the principles of the Mental Capacity Act 2005. This should help ensure staff were able to support people to make their own decisions wherever possible. Appropriate arrangements were in place to ensure any restrictions placed on people were in their best interests and legally authorised under the Deprivation of Liberty Safeguards (DoLS).

Systems were in place to help ensure people's health and nutritional needs were met.

Good



Is the service caring?

The service was caring. People who used the service and their relatives gave positive feedback about the attitude and approach of staff.

People told us they were treated with dignity and respect. This was confirmed by the interactions we observed between people who used the service and staff during our inspection.

Good



Is the service responsive?

The service was responsive to people's needs. People who used the service told us they received the care they needed and wanted.

Systems were in place to gather and respond to feedback from people who used the service and their relatives.

All the people we spoke with told us they would feel confident to raise any concerns with the registered manager. We saw that action had been taken to investigate and respond to any complaints received.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

The home had a manager who was registered with the Care Quality Commission and was qualified to undertake the role. People we spoke with told us the registered manager was understanding and approachable.

Regular meetings were held with staff. These provided the opportunity for staff to discuss any concerns or practice issues in the service.

Quality assurance systems in place in St James House were used to drive improvements in the service.

St James House Darwen

Detailed findings

Background to this inspection

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

This inspection took place on 21 January 2015 and was unannounced. We had not requested the service complete a provider information return (PIR). However, before our inspection we reviewed the information we held about the service including notifications the provider had sent to us. We contacted the Local Authority safeguarding team, the local commissioning team and the local Healthwatch organisation to obtain their views about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. All the organisations we contacted stated they had no current concerns about St James House.

The inspection was undertaken by one inspector. During the inspection we spoke with 5 people who used the service, three relatives and two professional visitors. We also spoke with the provider, the registered manager, the deputy manager, two members of care staff and the cook.

During the inspection we carried out observations in the public areas of the service and undertook a Short Observation Framework for Inspection (SOFI) during the lunchtime period. A SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care and medication records for four people who used the service. We reviewed the medication records for a further 21 people. We also looked at a range of records relating to how the service was managed; these included staff files, training records, quality assurance systems and policies and procedures.

Is the service safe?

Our findings

All the people we spoke with who used the service told us they felt safe at St James House. Comments people made to us included, “I feel safe and well looked after” and “I feel safe here; I’m not frightened of anyone.” Relatives we spoke with confirmed they had no concerns about the safety of their family member in St James House. One relative told us, “I am confident [my relative] is safe when we go away.” Another relative commented, “I feel [my relative] is safe; if anything has happened staff have been attentive and done the right thing.”

We looked at the systems in place for the administration of medicines in the service. Although people who used the service did not express any concerns about the way their medicines were administered we found the systems were not sufficiently robust to always ensure people received their medicines safely.

When we reviewed the medication administration record (MAR) charts for all the people who used the service we found a number of missing signatures. We also found discrepancies in the stock of medicines held for three people who used the service. This meant we could not be certain that people had received their medicines as prescribed.

We noted all the MAR charts contained a photograph of the person for whom the medicines were prescribed; this should help ensure medicines were given to the right person. However, none of the records contained details of any known allergies experienced by people who used the service. This information is important to help ensure people who used the service were not put at risk through the administration of medicines to which they had previously had an allergic reaction.

We found three people had been prescribed medicines to be taken when required. However, care plans explaining whether these people were able to tell staff when they needed their medicine or the signs and symptoms they displayed if they could not were not in place. Clear directions for staff to follow should help ensure that people receive their medicine when they need it. We also noted staff were not recording how many tablets had been given to people for whom a variable dose of their medicines was prescribed. This meant it was difficult to check what medicines people had actually received.

We noted the MAR chart for one person had been handwritten. However the administration record was not signed by the person responsible for creating it. The record had also not been checked for accuracy and signed by a second trained and skilled member of staff before it was first used. This meant there was a risk the person might not receive their medicines as prescribed.

We looked at the record of controlled drugs held in the service. We found records relating to the administration of controlled drugs (medicines which are controlled under the Misuse of Drugs legislation) were not always signed by two members of staff to confirm these drugs had been administered as prescribed; the practice of dual signatures is intended to protect people who use the service and staff from the risks associated with the misuse of certain medicines. When we checked the stock of controlled drugs held for three people who used the service we found these corresponded with the records.

When we reviewed the medication audits completed in the service we noted the person completing the audits had confirmed the records relating to the administration of all controlled drugs contained two signatures. We discussed this with the registered manager who acknowledged the medication audits had not been completed accurately. We were told there were no formal systems in place to assess the competence of staff to safely administer medicines although the registered manager told us they regularly observed care staff during the process of administering medicines and would always discuss any unsafe practice with the staff member concerned.

The lack of appropriate systems to ensure the safe management of medicines in the service is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff we spoke with told us they had completed training in safeguarding vulnerable adults. They were able to tell us what procedure they would need to follow if they had any concerns about a person who used the service. They told us they were confident they would be listened to if they were to raise any concerns. Staff also told us they were aware of the whistle blowing (reporting poor practice) policy for the service. We noted information about reporting abuse was on display in the reception area of the service.

Is the service safe?

Care records we reviewed contained risk assessments that identified if a person was at risk of harm from conditions such as pressure ulcers, poor nutrition and hydration, restricted mobility and the risk of falls. We saw that these records had been regularly reviewed and updated where necessary. Care records also included good information for staff about how to manage any identified risks.

Records we looked at showed us risk management policies and procedures were in place; these were designed to protect people who used the service and staff from risk including those associated with cross infection, the handling of medicines and the use of equipment. Records we looked at showed us all equipment used in the service was maintained and regularly serviced to help ensure the safety of people in St James House.

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

We saw there were recruitment and selection procedures in place which met the requirements of the current regulations. Applicants were asked to provide a full employment history and to explain any gaps in their employment.

We looked at three staff files and found the necessary pre-employment checks had been undertaken. However, we noted, where a staff member had previously worked in a service with vulnerable adults, no checks had been made as to why their employment in the service had ended; such checks are important to ensure people who were unsuitable to work with vulnerable adults were not recruited to work in the service.

Most people we spoke with told us there were usually sufficient staff on duty, although one relative told us they considered there could sometimes be more staff on duty in the evenings. People who used the service told us staff always responded promptly if they requested any support or assistance. Comments people made to us included, “If you want anything and they are not occupied, they [staff] will come straight away” and “If you press the buzzer they [staff] come right away.”

During the inspection we observed staff to respond quickly to meet people’s needs. Staff told us they had time to spend with people and did not feel rushed when providing care and support.

Is the service effective?

Our findings

People who used the service told us staff knew them well and would always support them to make choices. One person told us, “I definitely get all the care I need and feel like I can make choices.”

Relatives we spoke with told us they were confident that staff had the necessary skills and knowledge to provide the care their family members required. Comments relatives made to us included, “They [staff] seem to know what they are doing and know [my relative] well” and “Staff really know [my relative] well; they know how she ticks.”

Staff received an induction when they started work at the service; this involved training in moving and handling, first aid and safeguarding vulnerable adults as well as the shadowing of more experienced staff. Staff we spoke with told us they had felt prepared for their role at the end of the induction period.

Staff we spoke with told us they had received training appropriate for their role. Records we looked showed this training included moving and handling, safeguarding vulnerable adults, first aid and infection control. We saw staff had also received training related to people’s needs which included the care of people with a dementia. This should help ensure staff had the necessary skills and knowledge to effectively meet people’s needs.

We looked at the files for three staff and saw that systems were in place to provide staff with regular supervision and appraisal. Staff told us they were able to discuss their training needs with the registered manager and were supported to continue their learning and development. This should help ensure that people who used the service received effective care.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We therefore asked the registered manager how they ensured people were not subject to unnecessary restrictions and, where such restrictions were necessary, what action they took to ensure people’s rights were protected. The registered manager demonstrated their awareness of the process to follow should it be necessary to place any restrictions on a

person who used the service in their best interests. We noted an application had been submitted to the local authority to ensure restrictions placed on a person were legally authorised.

Staff training records showed the registered manager had completed training in DoLS and two other senior staff had started a training programme. Care staff we spoke with told us they had not completed a training course in the Mental Capacity Act (MCA) 2005 (this legislation is intended to ensure people receive the support they need to make their own decisions wherever possible) although the principles of the MCA had been included in dementia awareness training which staff told us they had completed. The registered manager told us they intended to ensure all staff had completed training in the MCA as soon as possible.

Staff were able to tell us how they supported people who used the service to make their own decisions wherever possible; this included how people spent their time, the clothes they chose to wear and the meals they wanted. One staff member told us, “I always treat people as individuals and encourage them to make their own choices.”

Care records we looked at included information about the ability of people who used the service to consent to their admission to St James House.

People who used the service and their relatives were complimentary about the food provided in the service. Comments people made to us included, “The food is good. If there is anything I don’t like the cook will always make something else”, and “I’m a fussy eater but they [staff] will always get me different things if I don’t like what is on the menu.”

Our observations during the lunchtime period showed us people were provided with the support they required to eat their meals. We noted staff were unhurried in their approach and provided reassurance and encouragement to people who used the service throughout the mealtime.

We spoke with the person who had the main responsibility for the menu and cooking meals in St James House. They told us they had recently received a ‘Recipe for Health’ Gold award from the local authority. They had also achieved a five star rating for food hygiene in the most recent inspection in October 2014.

The person responsible for preparing the meals told us they were aware of the likes and dislikes of people who

Is the service effective?

used the service and always tried to accommodate these. They told us they discussed the dietary needs of people who used the service with care staff and were happy to prepare alternative meals to ensure people's nutritional needs were met.

Records we looked at showed us systems were in place to ensure people's nutritional needs were regularly monitored. Where appropriate we saw referrals had been made to services including dietician and speech and language therapists (SALT). This should help ensure people received effective care.

During the inspection we spoke with two professional visitors to the service. They told us staff always responded promptly to their advice and were knowledgeable about the needs of people who used the service.

We noted improvements had been made to the environment in St James House since the last inspection; this included new flooring, the redecoration of some bedrooms and the use of signage throughout the building which supported people who used the service to be as independent as possible.

Is the service caring?

Our findings

All the people we spoke with during the inspection were very complimentary about the attitude and approach of staff at St James House. They told us staff always treated them with dignity and respect. Comments people made to us included, “Staff are really good and very patient”, “All the care staff are brilliant” and “Staff are marvellous; you couldn’t find any better.” Our observations during the inspection showed that staff treated people who used the service with kindness, patience and respect.

People we spoke with during the inspection spoke about the homely atmosphere at St James House. A relative told us, “The décor was a bit dated when [my relative] first came but it’s not about that; it’s about the staff.”

We asked two professional visitors about staff in St James House. They both spoke positively about the care provided in the service. Comments they made included, “People who use the service are happy and well cared for” and “This is one of the best places I visit. Staff definitely make this place.”

People who used the service did not recall having much formal involvement in reviewing their care needs with staff. However the registered manager told us they always spent

time talking with people to ensure they were happy with the care they received. They told us they would improve the recording of these discussions to ensure the views of people who used the service were reflected in their care files. All the people we spoke with who used the service told us the care they received was appropriate to their needs.

We asked staff about their understanding of person-centred care. One staff member told us, “It’s about treating people as individuals.” Our discussions with staff confirmed they had a good understanding of the needs, wishes and preferences of people living in St James House.

Records showed what was important to each person living at St James House was treated as important information by staff. For example, staff had recorded information about people’s family life, previous employment and religious beliefs. This information would help staff form meaningful and caring relationships with people who used the service.

We observed there were several visitors to the service throughout the day of the inspection. Relatives we spoke with told us there were no restrictions on when they could visit. They commented that they were always made welcome at St James House and staff would take the time to speak with them regarding their family members.

Is the service responsive?

Our findings

Care records we looked at showed people's needs were assessed before they were admitted to St James House. The registered manager told us they would not accept people into the service unless they were confident they would be able to meet their needs without impacting on the care of other people who were already living in St James House.

People who used the service told us they were happy with the care they received in St James House. One person told us, "I don't think you could have anything better." Another person commented, "I always get the care I want when I need it."

Care plans we reviewed addressed all areas of people's lives including physical health, nutrition, medication, communication and family involvement. We saw that care plans included the goals people wished to achieve and encouraged staff to promote people's independence as much as possible. Care plans had been reviewed each month and updated to reflect any changes in people's needs.

Staff we spoke with told us they would always refer to care plans to ensure they were aware of the care people needed and wanted. We saw that any changes in people's needs were discussed at the start of each shift and recorded in a handover book so that staff could refer back to this if necessary.

One professional visitor we spoke with told us staff responded immediately if they had any questions or needed any support. They told us, "Anything that needs to be done is done. If I point anything out to staff it's always sorted out straight away."

We noted that a timetable of activities was on display on the notice board in the communal area of the home; activities included exercise sessions, movie days, a book club and bingo. During the inspection we saw staff try and involve people who used the service in board games and reading newspapers to reduce any boredom or social

isolation. The activities log for the service also showed that people living in St James House were supported to attend activities and events in the local community. People who used the service told us they were happy with the activities provided in St James House. One person told us they particularly enjoyed the visits from local school children.

We found the service had a complaints policy in procedure in place. All of the people we spoke with told us they would feel able to approach the registered manager or the owner, who attended the service on a regular basis, with any concerns and were confident they would be listened to. One person who used the service told us, "I would talk to [the registered manager] if I had any complaints and she would definitely listen to me." A relative told us, "I have spoken to [the registered manager] in the past and things were sorted out straight away. We communicate on a daily basis and I have no complaints."

We reviewed the log of complaints maintained by the service and found evidence that action had been taken to investigate and respond to any complaints received.

Records we looked at showed meetings took place on a regular basis between the registered manager, people who used the service and their relatives. We noted the minutes of the last meeting in November 2014 recorded that people who had attended stated they had no worries or concerns about the care provided in St James House.

We saw that newsletters were produced on a regular basis by the service. One relative told us they particularly enjoyed receiving these as it helped them to keep in touch with what was happening at St James House while they were out of the country.

We looked at the results for the most recent satisfaction survey completed by people who used the service and their relatives in August 2014. We saw that the results were mainly positive. Some of the comments recorded included, "I am happy here" and "Staff are efficient and kind; they do their best." We saw a relative had also provided positive feedback regarding the care their family member had received in the last days of their life at St James House.

Is the service well-led?

Our findings

The service had a registered manager in place as required under the conditions of their registration with the Care Quality Commission (CQC). The registered manager had been registered with CQC since May 2013. They were supported by the owner of the service who attended St James House on a regular basis.

All the people we spoke with who used the service and their relatives spoke positively about both the registered manager and the owner of the service. During our inspection we observed the atmosphere in the service was relaxed. We noted the registered manager was visible throughout the day and provided direction and support for staff when necessary.

Staff told us they enjoyed working at St James House and felt they worked together well as a staff team. Comments staff made to us included, "I like working here. It's friendly and we work well as a team" and "There is a good rapport and communication between staff."

Staff told us both the registered manager and owner were approachable and would always listen to them if they had any concerns or queries. They told us they had regular staff meetings and were able to voice their opinions about the service and any improvements which they considered could be made. All the staff we spoke with told us they were treated fairly by both the registered manager and owner of the service.

The registered manager told us they felt the key achievement since the last inspection had been the

improvement in how care plans were written and reviewed; this was confirmed by our findings on this inspection. They told us they had gained confidence in their role and had put systems in place to ensure all staff were aware of their responsibilities, including the need to update care plans in a timely manner.

There were a number of quality assurance systems in place in St James House. These included audits in relation to the environment, medication and care plans. We noted there were no formal infection control audits undertaken by the registered manager although they were regularly checking the cleanliness of the environment. We found the service was clean and well maintained during this inspection and noted that the necessary actions had been taken to comply with the most recent infection control audit completed by the local authority. The registered manager and owner told us they would introduce monthly infection control audits for the service as a matter of urgency.

We noted that a log of accidents and incidents was maintained. Records we looked at showed that, where necessary, a review of the accident or incident had taken place with any lessons which could be learned for the service identified and actioned.

There was a three year development plan in place for the service. This covered the maintenance and refurbishment of the premises, health and safety matters and staff training and development. We saw that timescales had been identified for all necessary actions together with the ways in which the action plan would be monitored and reviewed. This should help drive and maintain a focus on continued improvement in the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place for the safe administration and recording of medicines.