Mr & Mrs J Cahill

St Judes

Inspection report

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Ratings

Overall rating for this service	Requires improvement
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?	Requires improvement

Overall summary

This inspection took place on 5 and 6 May and was unannounced.

St Judes is a care home that provides personal care for up to 27 older people. On the day of our inspection there were 24 people living in the home.

The home has a registered manager. 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.

People felt safe and at ease to raise any concerns with staff if they needed to and they were supported by sufficient numbers of staff to keep them safe. Staff had

Summary of findings

completed essential training to maintain their skills and this included training in safeguarding people so they knew how to recognise abuse and take the necessary actions to protect people.

We found improvements were needed in relation to medicine management. Some of the medication administration records were not completed clearly to show that people were receiving their medicines as prescribed. We also found risks associated with people's care were not always clearly demonstrated to show how risks were being managed.

The registered manager had an understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) so that people who lacked capacity to make decisions could be appropriately supported. Some staff were not clear about their responsibilities in relation to these but the registered manager was aware of this and training had been planned. Staff understood they needed to gain people's consent before delivering care.

People were provided with choices of nutritious food that met their needs. There were regular choices of drinks available during the day and where necessary people were supported to eat their meals. Social activities were provided and most of these were in accordance with people's interests and choices.

There was clear leadership within the home and the provider carried out regular checks on the quality of care and services to identify any areas that required improvement. The provider could not always demonstrate improvements had been carried out as a result of audit processes and risks identified due to limited information being recorded. This included lack of information in records relating to medication and accidents and incidents. Quality satisfaction questionnaires had been completed and those seen showed positive responses.

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 consistently safe.

There were sufficient numbers of staff to support people's needs and manage their care. Potential risks to people's health were assessed but it was not always clear how they were being managed.

Records in relation to medicine management were not sufficiently clear to show people received their medicines as prescribed.

Requires improvement

Is the service effective?
The service was effective.

Staff had access to ongoing training to ensure they had the skills and knowledge required to meet people's needs.

People were provided with a choice of drinks and meals that were nutritious and support was provided to people who needed help to eat. Health professionals were involved in people's care where needed.

Good

Is the service caring?
The service was caring.

Staff supported people in a caring and kind manner. They were knowledgeable of the people they cared for and recognised the importance of maintaining people's independence.

Good

Is the service responsive?
The service was responsive.

Some people were involved in planning their care and arrangements were in place to improve how people were supported to follow their interests and hobbies. People were asked about their care and relatives confirmed they had some involvement in how care was provided.

There had been no complaints received about the service.

Good

Is the service well-led?
The service was not consistently well led.

There was a registered manager in place and people told us the home was well managed.

All staff understood their roles and responsibilities and there were processes to monitor the quality of care and services provided to people. Quality audits carried out were not always effective in identifying areas needing improvement. There was also a lack of analysis of information gained from audits carried out to identify any changes in practice required.

Requires improvement

St Judes

Detailed findings

Background to this inspection

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

This was an unannounced inspection carried out by one inspector and an expert by experience over two days on 5 and 6 May 2015. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service. We checked the information in the provider's information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at information received from other agencies involved in people's care. We also looked at the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We spoke with the local authority who told us there were no current concerns relating to this service.

During the inspection we spoke with nine people, three visitors (including a district nurse) and four staff. We also carried out observations within the service to see how people were supported.

We looked at two people's care records to see how they were cared for and supported. We looked at other records related to people's care including the provider's quality monitoring audits, staff recruitment records and information about medicine management. We checked the process for recording and reporting incidents and accidents at the home.

Requires improvement

Is the service safe?

Our findings

We looked at how medicines were being managed in the home and found there were areas where improvements were needed. People were supported to take their medicine and staff administered medicines to people at regular intervals during the day. Staff also supported a person to take their medicines independently at their request. However, we saw a staff member administer tablets to one person by using their own hand to place tablets in a person's mouth because the person was unable to do this independently. This did not support good medicine practice or promote the person's dignity and there was a potential risk of cross infection to the person. This was because the medicine was being handled as opposed to an appropriate implement being used such as a spoon.

Medicine administration records (MARs) were not always clear to show people received their medicines as prescribed. We observed a staff member gave medicine to a person at a different time to that indicated on the MAR and the person's care plan. This meant there was a risk staff may not administer medicines to this person at consistent times. Staff told us the person who received these medicines had a medical condition where it was important for them to receive their medicines at set times so they did not suffer ill health. They said the medicines were being given at times communicated to them by a health professional as opposed to the times on the records. We also noted this person was up early in the morning but their medicine was not being administered until later in the morning. The medicine prescribed was to relieve the symptoms associated with their medical condition. This meant there was a period of time when the person was not benefitting from the medicine. Staff were not aware whether the health professional knew the person was up early when they made their decision about what times to administer the medicine. The registered manager was made aware of this and told us she would follow this up with the health professional to make sure the medicine was being given appropriately.

When we looked at other people's medication administration records (MARs) there were numerous gaps where staff had not signed to show the person had received their medicines. However, we completed a tablet count and found medicines not signed for had been given to people. Instructions for staff were not easy to follow. There was information crossed out on the MARs and handwritten changes to prescribing instructions which we could not see had been approved by the GP. This meant there was a risk staff may not administer medicines to people as prescribed to maintain their health and the provider and registered manager were not ensuring the proper and safe management of medicines.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014, as people using the service were not protected from the risks associated with inappropriate management of medicines.

The registered manager told us all staff who administered medicines had received training to ensure they were competent to administer medicines safely. We found staff competency checks were not being regularly completed to make sure staff were always following safe practice in managing medicines. The registered manager agreed the process for auditing medicines needed to be reviewed and records needed to be improved to minimise the risk of staff error. She agreed to speak with the GP and pharmacy supplying the home so that the necessary changes could be made.

People who lived at St Judes told us they felt safe and commented there were always staff around if they needed them. One person told us, "I feel very safe at night time, the safest I have felt for years."

Staff understood their responsibilities for keeping people safe and told us if they suspected abuse or had any concerns about people coming to harm they would report it to the registered manager. One staff member told us, "I would report it to the manager…. go through the right procedure. She would go higher up to CQC." Staff had completed training in safeguarding people and were able to recognise the signs of abuse. For example, one staff member told us the signs could include a person becoming withdrawn, not eating or their behaviour suddenly changing. The registered manager confirmed there had been no allegations of abuse at St Judes. She was aware of the local authority safeguarding procedure, and the referral process, in the event of any allegations received to make sure people were kept safe.

Staff understood some risks associated with people's care. Staff knew about people at risk of falls and those people

Requires improvement

Is the service safe?

who needed to be prompted to use their walking aids so they did not fall. Staff also knew about people at risk of developing sore areas on their skin and the importance of using pressure relief cushions and protective barrier creams prescribed by the GP. We saw pressure relief cushions in use during the day and were told about one person who had bed rest in the afternoon to help prevent them from developing skin damage. We noted one person's continence assessment had not been updated. Details in the assessment made it clear the arrangements to manage their continence needs at night were not effective. This placed them at risk of developing skin damage. We discussed areas of concern with the registered manager who agreed to follow them up with immediate effect.

Staff knew what action they should take to keep people safe in the event of a fire until the emergency services arrived. They told us people who needed support to evacuate the home had personal evacuation plans in place, these were seen within care plans we viewed. The registered manager also told us fire evacuation information was available on the notice board near the exit in the case of an emergency. Staff did not know of any contingency plan if they were unable to return to the home once people had been evacuated. However, they acknowledged they would take advice from management staff on duty. The registered manager told us there was a contingency plan available and this was also in the staff office but she would remind all staff of this and the need to consult this if necessary.

Accident and incident records seen detailed the actions taken to address any injuries or concerns. We found one serious accident that had resulted in a fracture. This had not been reported to us as required. This meant we had not been able to check the actions taken at the time were sufficient to manage the risk and keep the person safe.

When we looked at the records of the person who sustained the fracture we found their daily support plan had not been updated following their fall and fracture to accurately reflect how staff should support them. Despite this, staff knew how to support the person to keep them safe. One staff member told us, "[Person] needs assistance when walking as [person] forgets to use their walking frame so I make sure they have it and prompt them." We observed this happened.

People, staff and visitors to the home all said there were enough staff to meet people's needs. Staff said there were times when it was busy particularly in the mornings or when health professionals visited. Some people said they sometimes had to wait for support but not for very long. Throughout our visit there were sufficient care staff to provide the support people needed to keep them safe and provide care and support in the way they preferred. The registered manager told us staffing levels were based on the needs and dependencies of people within the home. She advised staff numbers were monitored and adjusted when needed. For example, at Christmas time when a number of people were ill and needed additional support, she had arranged for more staff to be on duty. She advised staff were allocated to work together according to their experience and skills and they worked well as a team.

The provider followed a thorough recruitment and selection process to ensure staff recruited had the right skills and experience to meet the needs of people who lived in the home. This included carrying out a Disclosure and Barring Service (DBS) check (used to check any criminal convictions) and appropriate references were obtained. Staff we spoke with confirmed they were not able to start work until all the required documentation had been received.

Good

Is the service effective?

Our findings

People felt that staff had the necessary skills to support them safely and were happy with the care they received. One person told us, "Staff always seem to know what they are doing when administering care to me."

Staff had access to training considered essential to help them achieve the skills and competences they needed to care for people safely. Staff told us they felt supported in their roles and the training they received was "fine." One staff member told us, "We have to attend regular training courses and training is relevant to resident's needs." Another told us, "We have most of it in-house, we had fire training two weeks ago, very intense, very helpful." Staff told us their training was kept up-to-date and they were kept informed when they needed to complete refresher training to maintain their skills.

Throughout the day we observed staff putting their training into practice. For example, they wore protective clothing when supporting people with personal care to maintain good hygiene practices and reduce the risk of cross infection. They assisted some people to move using equipment provided to help them move safely.

New staff completed induction training which they felt was sufficient to support them to carry out their role within the home. They told us the training included 'shadowing' (working alongside) other more experienced staff so they could learn from them and get to know people and how they needed to be supported. They did not undertake moving and handling techniques until they had completed the training to enable them to do this safely. The registered manager told us that new staff worked alongside more experienced staff until they felt comfortable to work independently.

Staff were provided with support through supervision and observation. One staff member told us when they were observed by the management team, they were told about areas they needed to improve. This was then followed up by another observation to make sure they had improved. Staff annual appraisals were used to discuss expectations of staff and agree any training needed for their personal development. One staff member told us at their appraisal they discussed, "How I am getting on with my work and different things, any problems." The registered manager told us she regularly held supervisions with staff and sometimes used these as training opportunities to focus on the provider's policies and procedures of the home. This was to ensure staff worked consistently in providing the level of care and services to people expected by the provider. Staff felt supported in their roles and one staff member told us, "It's the best home I have every worked at and I feel at home."

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find.

The MCA ensures the rights of people who lack mental capacity are protected when making particular decisions. DoLS referrals are made when decisions about depriving people of their liberty are required, to make sure people get the care and treatment they need in the least restrictive way. Not all the staff we spoke with had completed training about MCA and DoLS so were not clear about the principles of these and what it meant in practice. The registered manager did understand her responsibilities in regards to the MCA and DoLS and told us she planned for staff to complete this training as soon as possible to increase their knowledge and understanding of how this impacted on people.

People told us they enjoyed the food provided and always had a choice of meals and enough to drink during the day. We joined people for lunch in the dining room. There was a relaxed atmosphere with music of people's choice being played in the background. People were provided with a nutritious choice of meals that looked appetising. We saw people were supported to eat where needed and they were not rushed. Comments about the food included, "The food is excellent and very fresh." "The food is presented well and very tasty [person] always clear's his plate." One person said they sometimes changed their mind about what they wanted from their original choice and staff did not mind changing their meal for them. Staff told us if they were concerned about someone not eating they reported this to the registered manager. This was so she could take any necessary action to refer to health professionals for advice. Some people had been advised to have pureed food or thickened drinks for health reasons and these were being provided. The cook told us care staff communicated any special dietary needs to her so she could make sure people were provided with meals in accordance with their needs.

Good

Is the service effective?

People told us they had access to health professionals such as GP's, physiotherapists and chiropodists when they needed them and staff were prompt in organising appointments. One person told us how grateful they were the registered manager had arranged with the local dentist to provide some replacement dentures as theirs no longer fitted. We spoke with a visiting health professional who told us staff followed their advice when delivering care. They told us, "It's a nice home and they try their best."

Good

Is the service caring?

Our findings

We asked people if the staff were caring. They told us, "The staff are very polite and very nice. You don't hear them swear. [Staff member] to me can't do anything wrong she is lovely, she is polite, she is nice to everybody. She never puts anyone down." "I know who the manager and the owners are, they always come and make conversation and ask if we are ok."

Staff supported people in a caring and kind manner. They were knowledgeable of the people they cared for and recognised the importance of maintaining people's independence. For example, one person needed extra support due to having limited vision and staff helped them to move around the home independently by giving them clear instructions which they repeated when needed. Staff provided people with adapted cutlery and utensils to help them eat and drink independently.

People's care plans described how they liked to receive care as well as information about their personal histories so that when staff delivered care, this was in accordance with people's needs and wishes. For example, one care file stated, "In the evening [person] will ring at 5pm to request a tea tray." Information also stated the person liked their bedroom door and toilet door shut at night.

Staff were cheerful and friendly in their approach to people. They involved people in conversations and at times laughed and joked with them. One staff member told us, "I talk to people a lot. When we get them ready for bed we talk to them and they talk to us, we have a good relationship." People told us they were involved in their care and could make their own decisions and were listened to. They told us, "I sometimes am able to wash myself and allowed time to do this." "If I want to stay in my room I do but staff check on me on a regular basis."

People were supported to maintain relationships important to them. One person told us, "I have a phone in my room and can receive calls from my family and friends and can call them whenever I wish." Staff told us that relatives were welcomed and could visit throughout the day. We saw a visitor having lunch with their relative. Visitors we spoke with told us they were made to feel welcome and were always asked if they would like a drink when they arrived.

We saw people were treated with respect and their dignity was maintained. For example, when staff helped people to move, they explained what they were doing and they made sure people knew what had been said before they started. Staff knew the importance of maintaining people's privacy and dignity. One staff member told us "Anything in home stays in home," so they could maintain confidentiality. When providing personal care a staff member told us. "I put a towel over them so nothing is showing if someone walks in." Staff told us if they were hoisting someone they would put a blanket over their legs to ensure they were covered. We saw this happened. Some people had requested to have their hair done by the hairdresser who was visiting the home and were supported to the salon. Staff commented to people how nice their hair looked when they came into the lounge. These actions showed how the provider promoted people's dignity within the home.

Good

Is the service responsive?

Our findings

People told us staff were responsive to their needs and delivered their care in accordance with their individual preferences. One person who had difficulty swallowing their tablets told us, "I was having trouble taking tablets and I was encouraged to take them with yoghurt and now they just slide down." Another person told us, "My [family member] takes part in the care plan for my [relative] and the family is informed of care which is administered to him often."

The registered manager told us people's needs and preferences were assessed before they came to live at the home to make sure they could be met. She told us the care plans were 'person centred' to show how people liked to receive their care. Care plans we viewed confirmed what the registered manager told us. For example, one person's care plan stated what time they liked to get up, where when they would like to shower and have their breakfast, and how they liked their tea. We noted that people got up at varying times during the morning in accordance with their preferences. When staff served drinks, people requested how much sugar they wanted and staff provided drinks in accordance with their wishes.

Some people knew they had a care plan but were not aware of what was in it which suggested they were not always involved in reviewing their care. The registered manager told us some people were "very much" involved in the care planning process and these people were confident about what they liked.

Staff knew about people's specific needs and preferences and told us when new people came into the home they discussed their needs at the handover meeting at the beginning of their shift so they knew what support they required. When people needed support we saw staff gave it. For example, staff noted at lunchtime a person was struggling to eat with a knife and fork so they suggested a spoon which enabled them to eat independently.

People felt that when they made requests of staff these were responded to and we saw this happened. For example, one person asked for a lower foot stool to the one they had. The staff member responded immediately and collected a different footstool which they were happy with. Another person had limited movement in their hands and at lunchtime asked for some salt. We saw staff provided the salt but they noticed the person could not shake it so they asked the person where they would like it and sprinkled it on their meal.

Some people wanted to attend their preferred places of worship on a regular basis. Arrangements had been made for them to do this with the support of families or friends. The registered manager told us if there were occasions when family members were not available to support them, staff would do this.

People were able to take part in social activities in the home but if they chose not to participate, staff respected their decision. There was a part time activity co-ordinator in post who planned activities and these were on display so people could choose whether to participate. People we spoke with were complimentary of the activity co-ordinator and her efforts to provide activities that people enjoyed. Sometimes there were entertainers who visited the home and the registered manager told us she always checked that people enjoyed them before rebooking them. Some people felt supported with their hobbies and interests and others did not. On the day of our visit the social activities provided included a game of bingo and a quiz which was well attended. People interacted with one another and with staff, and enjoyed these. One person felt the activities offered did not stimulate them and were aimed at people with dementia. 'Resident meetings' took place where people's opinions on activities were discussed and the registered manager said she aimed to ensure activities were provided in accordance with people's wishes. One person told us, "We have been out a few times, not a regular basis as some find it too much." Another stated they regularly attended a coffee morning by using the 'ring and ride' transport service which they enjoyed. One person had told staff about a television series they liked to watch. In response to this a boxed set of DVD's of the series was purchased for them to watch. Staff we spoke with confirmed the person enjoyed watching them.

People told us they knew how to raise concerns and would speak with the manager if they needed to. There was a complaints process to record and respond to any formal complaints on display within the home. People spoken with had no complaints about the service and the registered manager told us she had not received any complaints from people, visitors or relatives.

Requires improvement

Is the service well-led?

Our findings

People had an opportunity to be involved in the home by attending 'resident meetings'. People told us, "There are meetings for residents to get involved in the running of the home but I only sometimes attend. When we do request things, normally they put them in place." "We have good meetings." Meeting notes showed issues discussed included the meals provided, activities and issues related to the home such as the call bell system and use of telephones. Meeting notes did not always show suggestions made by people, or the actions taken in response, to demonstrate people were involved in decisions about the home on a regular basis. However, when we discussed this with the registered manager she was able to confirm where people had raised suggestions these had been acted upon. For example, one person stated they found their room too warm so a separate thermostat had been provided in their room so they could control the temperature.

To help promote an open and inclusive culture with the home that supported people to be involved in the service, the manager had developed community links with the local greengrocer and fishmonger. They visited the home on a weekly basis. This enabled people to purchase their own fruit or make specific requests for what fish they would like on the menu. We were told people regularly made use of these services.

People we spoke with about the home told us, "There is nothing to dislike about the place." "It is so nice, a nice building and the people are very nice." People had completed satisfaction surveys where they were asked their opinions of the home and the care and services provided. The registered manager had not undertaken an analysis of these to show the number of people who shared their opinions and the outcome of the surveys. The provider was unable to demonstrate if people had commented on any areas needing improvement. The outcome results had not been communicated to people so they were unaware of how the home was viewed and if there were any planned improvements. The manager told us an analysis report needed to be completed. We looked at the individual surveys to see responses made and saw these were positive. One question asked was, "How satisfied are you with your choice of home being St Judes?" Survey responses viewed showed all were "very satisfied" or "satisfied". Comments included, "Staff always professional and friendly." "A real home from home. The rooms are individual and really beautifully decorated." One person told us they had requested a room in a different part of the home and they were regularly updated about the availability of rooms which showed their request was being taken seriously.

Staff were positive in their views of the home. They told us, "I think it is a really good home and I would be happy to have a relative here." "It's the best home I have every worked at and I feel at home." Staff also told us they met as a team either four or six monthly but were supposed to meet on a monthly basis. Staff told us because it was a small home they tended to know what was happening as they regularly communicated with one another. The service had a whistleblowing policy to support staff if they had any concerns they could not raise directly with the registered manager. Staff told us there was a copy of the policy if the office should they need to use it.

The registered manager told us that all staff were issued with a job description so they were clear on their role and responsibilities within the home. The manager said each staff member was allocated their duties for the day at the handover meeting at the beginning of their shift. She checked where staff had been allocated and observed staff to make sure they carried out their duties as expected.

The registered manager told us they carried out various quality checks of the service and home

to make sure people's health and safety was protected. These included audits of the environment such as checking for any odours or issues with the cleanliness of the home. Regular safety checks of the gas, electricity and electrical appliances were completed. We noted the home was clean and there were no unpleasant odours on the day we visited.

Accident forms were kept on people's individual files, there was no audit of accidents and incidents within the home to show risks were being identified and managed. We could not determine the number of people who had fallen or how many incidents had occurred, or if there were any serious accidents which needed to be reported to us. We could also not assess lessons learned as a result of accidents and incidents within the home. We identified we had not received a statutory notification as required for a person who had fallen and sustained a fracture. A statutory

Requires improvement

Is the service well-led?

notification is information about important events which the provider is required to send to us by law. The registered manager accepted this had not been sent and told us she regularly checked the accident and incident records to identify any reoccurring concerns such as falls that may need further action. She had made changes within the home to help prevent further falls such as changing the lighting in a bathroom so that when a person got up during the night the light automatically came on to help prevent them from falling.

Staff were positive about the registered manager and told us they felt well supported by her. Staff told us the manager observed how they worked and gave staff constructive criticism if they noticed areas that needed improvement. One staff member said the registered manager and owner were "very approachable." The registered manager was open with us about challenges she faced at the home. These included improvements to audit processes. We found during our inspection that audit processes did not always identify areas needing improvement such as those required in the management of medicine. The manager acknowledged that the analysis of information collected in relation to health and safety and quality monitoring within the home also needed improvement. The registered manager told us about the challenges associated with the implementation of new policies and procedures and the change to the staff shift patterns. We were told care staff would be working 12 hour shifts to help provide a more effective support service to people at the busy times of the day. Staff had been sent a letter from the registered manager advising them of the changes and the reasons why they were felt necessary. The letter explained the changes would take place over a two month period. Staff understood the changes were needed to enable people to receive an improved service.

The registered manager worked in partnership with other professionals to ensure people received the care and support they needed. This included the local authority contracts team and the district nursing team. The registered manager submitted the requested Provider Information Return as requested prior to our visit. The information in the return informed us about how the service operated and how they provided the required standard of care. What we had been told was mostly reflected in what we found during our visit.

The provider made regular visits to St Judes and held regular management meetings to discuss issues related to the running of the home. The registered manager said the provider often arrived unannounced and carried out visual checks, talked with people, had a meal and checked people's requests were being met. The registered manager told us the provider reported to her any areas needing improvement so she could make arrangements to make sure they were addressed. The provider was in the home on one of the days we visited. This demonstrated the provider took an active interest in the home to make sure people received the quality of care and services they expected so there was a positive culture within the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider had not taken measures to ensure staff followed good practice guidance in relation to the management of medicines to ensure these were managed safely and people received their medicines as prescribed.