St. James's Lodge Healthcare Ltd

St James's Lodge

Inspection report

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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

The inspection took place on the 12 and 13 April 2016 and was unannounced. We previously inspected the service on the 6 February 2014 and found all requirements of the regulations were met.

St James's Lodge provides residential care to up to 38 younger and older adults. Nursing care is provided. People may be living with dementia, a learning disability, physical or sensory disability or be on the autistic spectrum.

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.

People told us they were safe and happy living at St James's Lodge and were looked after by staff who were kind and treated them with respect, compassion and understanding. All staff expressed a commitment to values of providing only good care and to continue to improve the service. People, relatives and staff all stated that the registered manager led by example.

People felt in control of their care. People's medicines were administered safely and they had their nutritional and health needs met. People could see other health professionals as required. People had risk assessments in place so they could live safely at the service. These were clearly linked to people's care plans and staff training to ensure care met people's individual needs. People's care plans were written with them, were person centred and reflected how people wanted their care delivered. People's end of life needs were planned with them. People were supported to end their life with dignity and free of pain.

Staff knew how to keep people safe from harm and abuse. Staff were recruited safely and underwent training to ensure they were able to carry out their role effectively. Staff were trained to meet people's specific needs. Staff promoted people's rights to be involved in planning and consenting to their care. Where people were not able to consent to their care, staff followed the Mental Capacity Act 2005. This meant people's human rights were upheld. Staff maintained safe infection control practices.

Activities were provided to keep people physically and cognitively stimulated. People's faith and cultural needs were met.

There were clear systems of governance and leadership in place. The registered manager ensured there were systems in place to measure the quality of the service. People, relatives and staff were involved in giving feedback on the service. Everyone felt they were listened to and any contribution they made was taken seriously. Regular audits made sure aspects of the service were running well. Where issues were noted, action was taken to put this right.

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.

People told us they felt safe living at the service.

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

People were protected by staff who could identify abuse and who would act to protect people.

People had risk assessments in place to mitigate risks associated with living at the service.

Staff followed safe infection control practices.

Is the service effective?

Good

The service was effective.

People were cared for by staff who were trained to meet their needs.

People were assessed in line with the Mental Capacity Act 2005 as required. Staff always asked for people's consent and respected their response.

People's nutritional and hydration needs were met.

People had their health needs met.

Is the service caring?

Good

The service was caring.

People were cared for by staff who treated them with kindness and respect. People and visitors spoke highly of staff. Staff spoke about the people they were caring for with fondness.

People felt in control of their care and staff listened to them.

People said staff protected their dignity.

Staff sought people's advance choices and planned their end of life with them.

Is the service responsive?

Good

The service was responsive.

People had care plans in place to reflect their current needs. These were personalised and developed with them.

Activities were provided to keep people physically, cognitively and socially active. People's religious needs were met.

People's concerns and complaints were picked up early and reviewed to resolve the issues involved.

Is the service well-led?

Good

The service was well-led.

People, relatives and staff said the service was well-led.

There was clear evidence of the registered manager ensuring the quality of the service. The registered manager had audits in place to ensure the quality and safety of the service.

People and staff felt the registered manager was approachable. The registered manager had developed a culture which was open and inclusive. People and staff said they could suggest new ideas. People's opinion was requested about the service and was respected.

There were contracts in place to ensure the equipment, utilities and building were maintained.

St James's Lodge

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.

The inspection took place on the 12 and 13 April 2016 and was unannounced.

One inspector from the Adult Social Care Directorate and a specialist nurse in the care of older people completed this inspection.

Prior to the inspection, we reviewed records we held on the service. This included the previous inspection history, notifications we had received and the Provider Information Return (PIR). Notifications are specific events registered people are required to tell us about by law. The PIR 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 sought the view of the local authority commissioners.

During the inspection we spoke with 10 people and three relatives. We reviewed the care records of six people in detail and reviewed they were receiving their care as planned. We also spoke with these people where we could to seek their view. We observed how staff interacted with people.

We spoke with eight staff and reviewed four staff personnel files. We also looked at the records and planning kept on all staff training, staff supervision and staff appraisals. We read the records kept by the registered manager to ensure the service was audited and reviewed to ensure a quality of service. Records in respect of keeping the building, equipment and utilities safe were checked.

We spoke with four healthcare professionals during our time at the service. This included two GPs, a physiotherapist and a community based nurse who had placed people in the service when they needed to move on from hospital but required further support and assessment.

Good

Is the service safe?

Our findings

People felt safe living at St James's Lodge. People felt comfortable speaking with staff and told us staff would address any concerns they had about their safety. Relatives also felt it was a safe place for their family member to live. One person told us they had been apprehensive about moving into a service but said, "I feel safe here; the staff are very good and I'd recommend this place to anyone."

People were looked after by staff who understood how to identify abuse and what action to take if they had any concerns. Staff said they would listen to people or notice if people's physical presentation or emotions changed that may be a sign something was wrong. Staff told us they would pass on concerns to the registered manager. All staff felt action would be taken in respect of their concerns. Staff said they would take their concerns to external agencies, such as CQC, if they felt concerns were not being addressed.

There were sufficient staff to meet people's needs safely. The registered manager had systems which were flexible to ensure staffing levels were maintained at a safe level in line with people's needs. People told us there were enough staff. Staff told us there were enough staff for them to meet people's needs safely.

Staff were recruited safely. The registered manager ensured staff had the necessary checks in place to work with vulnerable people before new staff started in their role. All prospective staff completed an application and interview. Staff told us recruitment of new staff was thorough. In this process, prospective staff's attitude and values were assessed alongside any previous experience. New staff underwent a probationary period to ensure they continued to be suitable to carry out their role.

People's medicines were administered safely. Everyone we spoke with told us their medicines were administered on time and as they would like. Medicines were managed, stored, given to people as prescribed and disposed of safely. Medicine storage rooms and fridge temperatures were monitored daily and a record kept to ensure the temperature was in the correct range. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Medicines Administration Records (MAR) were in place and had been correctly completed. Clear direction was given to staff on the precise area prescribed creams should be placed and how often. Staff kept a clear record to show creams were administered as prescribed. The PIR had identified there had been three medicine errors in the past 12 months. We identified systems were in place to review errors and support staff to prevent the same thing happening again. Lessons learnt were then shared with all staff.

Risk assessments were in place to support people to live safely at the service. People had risk assessments completed which were up to date. Where possible, people were involved in identifying their own risk and in reviewing their own risk assessments. Staff told us how they took time to get to know people to mitigate the risks people faced. All risk assessments were clearly linked to people's care plans and the registered manager's review of staffing and staff training. We identified that risk assessments were not initially in place for people at risk of choking and for people who administered their own inhalers. The registered manager started to put these in place straight away and we were advised these had been completed in the four days following the inspection. The registered manager had put systems in place to ensure these were reviewed

monthly in line with all other risk assessments.

Personal Evacuation Plans (PEEPs were in place and the provider had a clear contingency plan in place to ensure people were kept safe in the event of a fire or other emergency. Risk assessments were in place to ensure people were safe when moving around the inside and outside of the building.

Staff followed good infection control practices. There was a whole service risk assessment in place to review infection control practices. We identified the laundry would require its own risk assessment as the clean and dirty areas were adjacent to each other in a very small room. The laundry staff however, demonstrated their understanding of good infection control practices and were working safely. The registered manager stated they would review the risk assessment to look especially at the laundry. We observed hand washing facilities were available for staff around the service. Staff were provided with gloves and aprons. Staff were trained to follow good infection control techniques. Staff explained the importance of good infection control practices and how they applied this in their work. The registered manager ensured appropriate contracts were in place to remove clinical and domestic waste.

Good

Is the service effective?

Our findings

Staff told us they felt trained to carry out their role effectively. The registered manager had systems in place to ensure all staff were trained in the areas identified by the provider as mandatory subjects. This included first aid; fire safety; manual handling; safeguarding vulnerable adults; infection control and food safety. Staff were trained in areas to meet specific needs of people living at the service. For example, training in supporting people with dementia, catheter care and care of people being fed through the stomach wall was provided as required. Training had been reviewed for all staff to ensure they had current knowledge and skills essential to their role.

Staff were also being supported to gain qualifications in health and social care. Staff had regular supervision, appraisals and checks of their competency to ensure they continued to be effective in their role. Additional supervision was offered for any staff who required it and any staff performance concerns were reviewed by the registered manager and deputy manager. Staff said they were encouraged to ask questions about anything they did not understand. For example, one staff member wanted to understand the needs of someone living with Parkinson's. The registered manager and deputy manager then spoke with them and supported them to gain this understanding. They commented how valuable they found this time.

New staff underwent an induction when they started to work at the service. New staff shadowed other experienced staff. While they were completing this, they were extra to the staff on the rota so they had time to learn their role fully. The progress was reviewed with new staff to offer any support and advice as required. The service had introduced the Care Certificate. The Care Certificate has been introduced to train all staff new to care to nationally agreed level. Three new staff were currently undertaking the Care Certificate.

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 registered manager understood their responsibilities under the MCA. They had attended training in how to assess people. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found the staff were complying with the ethos of the MCA however, no person's record initially demonstrated MCA assessments were being recorded. In practice, staff ensured their care was discussed with a range of professionals and the family where appropriate to ensure the decisions were made in the person's best interest. People who lacked capacity were encouraged to have a say in their care through an independent advocate as necessary. Again, this was not being clearly recorded as best interest decisions. We discussed the lack of recording of the MCA assessments and best interest decisions with the registered manager who started to address this straight away. We have been advised that MCA and best interest decisions were in place in the four days following the inspection and these will be reviewed as required.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had applied for DoLS on behalf of people however, these were awaiting review by the local authority designated officer. One application had been authorised and staff were knowledgeable about their role in supporting this person and keeping them safe.

People told us staff always asked for their consent before commencing any care tasks. We observed staff always asked for people's consent and gave them time to respond at their own pace. This included administering medicines and personal care. Staff offered to come back later if the person did not want the care at the time.

People had their nutritional and hydration needs met in a personalised way. People were positive about the food and said the staff gave them drinks through the day (and night if desired). In addition to set meal times and drinks rounds, people were encouraged to eat where and when they would like. People were provided with food and drinks when desired. People's likes and dislike were sought by staff getting to know people. This information was documented as part of people's support arrangements. People's special dietary needs were catered for. People could contribute ideas to the menu. Staff went out of their way to buy special food people liked. People who could not help themselves were supported by staff to have regular food and fluid intake. Where needed, people's food and fluid intake was recorded and monitored. Any concerns were acted on immediately. For example, people who were losing weight or were observed by staff to struggle to eat certain foods were referred for assessments with their consent. Guidance given was then followed to support the individual person.

People had their healthcare needs met. People said they could see their GP and other healthcare staff as required. People added that this was always achieved without any delay. Records detailed people saw their GP, specialist nurses, opticians and dentists as necessary. People also had regular medicine and health assessments with their GP. Any advice from professionals was clearly documented and linked to their care plan to ensure continuity of care and treatment. People told us staff helped them to understand what professionals had said to them. One person said, "Everything has been explained to me; if I have not understood it is explained to me" adding, staff have patiently explained to them again if needs be. The health professionals we spoke with were very positive about how staff met people's health needs. All praised the staff for feeding back and working closely with them so people could rehabilitate quickly.

Good

Is the service caring?

Our findings

The atmosphere in the service was calm and people were observed to be happy in the company of staff. People were encouraged to support each other and people were observed chatting easily with each other. We observed the staff supported people throughout our time at the service with kindness, respect and in the person's own time.

Comments we received included, "The staff are very good; anything you need they'll get it for you", "The staff are super-duper; they're really nice and kind. They do more than their job for me", "They're very nice here; the staff are very kind and always kind" and, "It's very good here; the staff are wonderful. The food is excellent and staff can't do enough for you."

A relative said, "The staff are magic; the matron is very caring and the staff follow in her footsteps." Another said, "They're lovely here; you can't beat them. They're so friendly." A further relative said, "The staff are extremely friendly, I have felt it's a home" adding, that staff supported them with coping with their mum having been required to move into St James's Lodge. In that, "Staff recognised I was finding it hard and was upset on the first day" and spent time with them. All relatives said they felt relaxed their family member was being looked after well and they did not have to worry.

People were supported at times of needing emotional support from staff. People told us staff protected their dignity at all times. For example, staff were discreet when delivering personal care and curtains were always drawn and doors shut. We observed offers of care in shared areas were offered unobtrusively. One relative told us that in the lounge, "People don't wait long for the toilet; there are regular offers from the staff. They are always discreet in how they do this and they always ask and say 'would you like to…' to everyone."

Relatives were seen coming and going throughout our time at the service. They were always greeted warmly by staff and by name. They were then updated on their family member's condition where appropriate. Relatives confirmed they were always welcomed and given refreshments regardless of the time of day. One relative said, "The [staff] have a friendly approach to me; they always approach and welcome you."

All the staff talked about the people they were looking after with passion and caring. Staff described a strong ethos of care led by the registered manager.

People were in control of every aspect of their care and staff listened to them. People told us staff would take time to try and resolve any issues they had. People said staff would discuss options available and included them in the decision making process. People felt they were encouraged to remain as independent for as long as they possibly could and staff would make every effort to provide the necessary support or equipment required to maintain this.

The registered manager had systems in place to support people plan for their end of life and choose in advance whether they would like to stay at the service or go to hospital. All staff underwent annual training in supporting people and families at this time. The plan included details such as who they would want with

them. People and their relatives were involved in all aspects of their end of life. People were supported to end their life with dignity and pain free. The registered manager explained they had a philosophy of care that encompassed making people's last days special for them and their family members. If someone had no relatives or people to be with them at this time or family were resting, staff told us a staff member would sit with them so they do not die alone.

One staff member said that working with people who were dying at the service "opened my eyes at how good end of life care can be; the love and compassion is amazing. We encourage people to end their life as they want to" and family are comforted. All staff said the registered manager and deputy manager would also support and spend time with staff who had supported someone who had died.

Good

Is the service responsive?

Our findings

People received consistent, personalised care, treatment and support. Prior to living at St James's Lodge people's needs were carefully assessed to ensure the service could meet their needs. The pre admission questionnaire was used to put together an interim care plan to ensure staff had the necessary details available to them to provide appropriate care as the person desired. A person who moved in why we were at the service told us they were really pleased with how staff had noted their initial needs. They added that staff had checked they were alright and what their preferences were. They added that they felt relaxed and already felt staff were interested in them and their progress.

The interim care plan was reviewed at seven days with the person or their representative. A fuller care plan was then developed. People were involved in the process and were given time to review the care plan and sign they agreed it was what they wanted.

The longer the person stayed at the service the more detailed and personal the care plans became. Everyone's care plans involved an overall assessment of people's needs that were refined into specific care plans for specific situations as they were identified. Staff confirmed the care plans gave them the information they needed to meet people's needs. Staff demonstrated in their daily recordings how they were putting the care plan into action by clearly describing how they were meeting that person's specific need. Staff handovers took place between shifts where staff stated they were given up to date details of how people were doing. Staff who had been off work for a few days were updated carefully to ensure they were able to understand people's current needs and deliver care appropriately.

Records showed staff responded to a range of needs as they arose. For example, staff carefully planned and supported people to maintain their continence and tissue integrity. People said staff would act promptly if they were poorly or had a concern. Staff involved them in the decision making process about how they wanted support or their needs met. All relatives said they were kept up to date and staff would call if there was an issue they needed to know about.

A relative told is it was important staff developed the right approach with their mum and respond appropriately to meet her needs. They said, "Mum seems more relaxed. My mum knows what she wants and the staff respect this; they've learnt her character and know what not to force her to do." As a result they had seen huge improvements in their mum and a new lease of life.

The needs of the whole person were considered when assessing and planning care. For example, a person came into the service suffering from pain which was making them bed-bound. Staff took time to assess what else was happening for this person and began to tackle these areas with the person's full involvement and consent. In addition to assessing why the person's pain relief was not working for them, staff also supported the person with emotional and confidence issues. Staff advocated for the person with the GP and had their pain relief reviewed but also spent time with the person identifying how to help them emotionally. A physiotherapist was also brought in and the person was now able to walk with a frame. The person expressed their gratitude to staff for listening to them and taking action to help them. The person told us,

"The staff are really good here; I really like it here. They've been wonderful and very patient." They added, "The staff have helped me rehabilitate." The person was now able to move back home, which they were excited about.

People were provided with a range of opportunities to remain cognitively, physically and socially stimulated. There was a designated activities co-ordinator employed to provide a programme of events at the home aimed at supporting people to remain active. Planned activities were provided by staff and by entertainment coming into the home. People were given a list of the activities in advance. People told us they could join in or not as they wished. People were supported to maintain their faith and cultural identity.

People who were in their rooms for most of the time said staff would pop into see them and check they did not need anything. One person said, "They always look in and wave when they go past". Another person told us the staff would stop and spend time with them if they were feeling a little lonely. Staff also told us they had the time to spend with people on their own and meet their needs at that time. The activity coordinator demonstrated they would meet people's needs as part of a group or with people on their own.

People's concerns and complaints were acknowledged and investigated. People said they knew how to raise a complaint and felt comfortable speaking to the registered manager and other staff. The service had a complaints policy in place. This was made available to people and relatives on enquiring about the service. Staff had systems in place where people's concerns could be picked up and resolved quickly. All concerns and complaints were investigated and only closed once staff were assured the person was happy with the outcome. One person told us, "I have no complaints; they're all friendly." Another said, "My room is clean; I have no complaints. I would speak to [the registered manager] if I had".

Good

Is the service well-led?

Our findings

St James's Lodge was owned and run by St. James's Lodge Healthcare Ltd. This is the provider's only service however, the directors own and run two other care homes in the Plymouth area. There was a nominated individual (NI) in place. The NI is a person who is accountable at the provider level. The NI was one of the directors. The service was managed by the registered manager with the support of a deputy manager and an administrator.

People and visitors spoke positively about the registered manager. People and visitors said/told us? they felt comfortable approaching the registered manager. They felt any issues would be heard and acted on. People were involved in contributing ideas on how the service could be run. People and their families were asked to complete questionnaires but were also asked their opinion informally. People commented that their ideas were sought and put into action when we spoke with them.

Staff confirmed they were able to raise concerns and agreed any concerns raised were dealt with immediately. Staff had a good understanding of their roles and responsibilities and said they were well supported by the registered manager. Staff told us the registered manager worked alongside them. Staff said there was good communication within the staff team and they all worked well together. One staff member said, "[The registered manager] leads by example. She is easy going and she is fair. She is part of the team but can also communicate to the team. She is approachable and you can be honest with her."

The registered manager took an active role within the running of the home and had good knowledge of the people and the staff. There were clear lines of responsibility and accountability within the management structure of the company. The registered manager demonstrated they knew the details of the care provided to the people which showed they had regular contact with the people who used the service and the staff.

The registered manager had a number of audits in place to ensure the quality of the service. This included an infection control audit, audit of medicines, care plan audit and audit of falls. These were completed at regular intervals and action was always seen to be taken as required. The registered manager advised learning which needed to be applied to the service as a whole was then reviewed.

The registered manager had systems in place to ensure the building and equipment were safely maintained. The utilities were checked regularly to ensure they were safe. Essential checks of fire safety equipment, passenger lift and utilities took place. Following the inspection a risk assessment and procedure for mitigating for legionella were put in place. Temperature checks to check taps, bathrooms and showers was also put in place to make sure they were running at a temperature below 44oC. The Health and Safety Executive state, "High water temperatures (particularly temperatures over 44°C) can create a scalding risk to vulnerable people who use care services".

The registered manager knew how to notify the Care Quality Commission (CQC) of any significant events which occurred in line with their legal obligations. The registered manager kept relevant agencies informed of incidents and significant events as they occurred. This demonstrated openness and transparency and

they sought additional support if needed to help reduce the likelihood of recurrence.

The provider had introduced a policy in respect of the Duty of Candour (DoC) and the registered manager demonstrated they understood their responsibilities. The DoC places a legal obligation on registered people to act in an open and transparent way in relation to care and treatment and to apologise when things go wrong.