Metropolitan Support Trust

St James Care Home (12)

Inspection report

12 Old Hospital Close
Balham
SW12 8SS
Tel: 020 8767 7937
Website: www.metropolitan.org.uk

Date of inspection visit: 09 Oct 2014
Date of publication: 01/01/2015

Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Good**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Overall summary

This inspection took place on 9 October 2014 and was unannounced which meant the provider did not know that we were coming. The service met the regulations we looked at during their last inspection which took place on 22 November 2013.

St James' Care Home (12) provides accommodation for up to five people with learning disabilities. At the time of our inspection, there were four people using the service. It is located in Balham, close to local amenities and transport links. It shares staff with a sister home based at number 21. The home is arranged over three floors with a kitchen and dining area, separate lounge and a garden on the ground floor. The bedrooms were on all three floors and the staff office was located on the top floor.

There was a registered manager at 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 and associated regulations about how the service is run.

Summary of findings

We found that there were inconsistencies in some of the care records viewed. People's individual care needs were not being recorded in a timely manner which meant that people were not always receiving a service that met these. Therefore the provider was not meeting the requirement of the law in relation to meeting people's individual care needs. You can see what action we told the provider to take at the back of the full version of the report.

We found that issues that had been identified during meetings held for people using the service were not always followed up promptly. You can see what action we told the provider to take at the back of the full version of the report.

Relatives of people using the service were happy with the care their family member received from staff. They told us they had no concerns about their safety. Staff felt supported and content working at the home. They received effective training and formal supervision.

People using the service required different levels of support. For example, when preparing meals some people required more assistance than others. We saw that staff supported people to be as independent as possible, for example, through the use of specially adapted cutlery. Staff followed guidelines from healthcare professionals when supporting people.

Staff were familiar with the needs of people using the service and we saw them supporting people in a caring manner. Healthcare professionals told us they had established good links with the home and communicated with them to meet the needs of people using the service.

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?

Good

The service was safe. Relatives of people using the service told us they had no concerns about the safety of their family members. Staff were aware of the process for reporting safeguarding concerns.

Risks were managed so that people's individual needs were met and plans were in place to ensure people's safety in the event of an emergency.

There were enough staff to meet people's needs.

People's medicines were managed so that people received them safely.

Is the service effective?

Good

The service was effective. Staff were aware of their responsibilities as care workers and told us they received training which helped them to carry out their duties.

People were supported to make decisions for themselves where they were able to do so. The service followed guidance around the Mental Capacity Act (2005) so that where people did not have the capacity to make certain decisions related to their care then best interests meetings were held.

Staff were familiar with the dietary requirements of people using the service. The provider sought advice from specialists and staff followed the guidance received.

People's health needs were met. The provider made referrals to appropriate healthcare professionals if people's needs changed to ensure they received appropriate specialist support.

Is the service caring?

Good

The service was caring. Relatives told us they were happy with the care and support that their family member received. We observed staff speaking with people in a caring and respectful manner.

People were supported to express their views through the use of tools such as communication passports and objects of reference, which staff were familiar with.

Staff encouraged people to be as independent as possible.

Is the service responsive?

Requires Improvement

The service was not always responsive to the needs of people using the service. Some people's care records were not kept up to date and therefore people may not have been receiving the care that had been recommended for them.

Summary of findings

We found that although people's complaints and concerns were explored during meetings, these were not always followed up in a timely manner by the provider.

Is the service well-led?

Some aspects of the service were not well led. Staff were familiar with the values of the organisation and we saw that staff demonstrated these when caring for people.

There was a registered manager in post at the time of our inspection.

Relatives of people using the service told us they were familiar with the manager and had spoken with her. Healthcare professionals told us they had a good working relationship with the service.

The provider carried out audits to monitor the quality of service for people using the service. Daily handovers, accidents and incidents were recorded and reviewed. We found that some audits were not always effective in picking up aspects of the service areas which could be improved upon.

Requires Improvement

St James Care Home (12)

Detailed findings

Background to this inspection

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

This inspection took place on 9 October 2014 and was unannounced. The inspection was carried out by a single inspector.

Before we visited the service we checked the information that we held about it, including notifications sent to us informing us of significant events that occurred at the service and safeguarding alerts raised. We also asked the provider to complete a Provider Information Return (PIR) which is a report that providers send to us giving information about the service, how they meet people's needs and any improvements they are planning to make. The provider was not able to complete this in time for the inspection due to an administrative error.

We were not able to speak with people using the service as they were not able to communicate verbally with us. However, we did observe staff caring for them, spoke to four relatives, interviewed four staff including the registered manager and reviewed records.

We looked at three care records, training files, staff supervision records, medication records, audits and complaints. We also contacted the local Healthwatch team, service commissioners and other professionals such as social workers, community mental health nurses, day centre managers and nurse specialists.

Good

Is the service safe?

Our findings

Relatives of people using the service told us, “I believe [my relative] is safe” and “I don’t have any concerns in that aspect.” Staff were aware of safeguarding procedures and were able to identify different types of abuse and their indicators. Safeguarding posters were on display at the home and contact details for the safeguarding team at the local authority were on display for staff to refer to. The local authority had not received any safeguarding concerns about the home at the time of our inspection. Healthcare professionals told us they had no concerns about the welfare of people using the service. Staff had attended safeguarding training.

People using the service had individual risk assessments which were based on their needs. Each risk had a risk level assigned and if it was deemed to be a medium or high risk then this would result in a support plan or, if required, referrals to appropriate healthcare professionals. Staff told us they would try and minimise the risk that people were exposed to whilst maintaining their independence and protecting their rights. One staff member said, “We try and minimise the risk for example by keeping [their] room clear of obstacles, and softening [their] diet.”

A fire evacuation drill was carried out every three months to ensure people were able to leave the building safely within a reasonable time in the event of an emergency. Some people who were less mobile had individual personal evacuation plans to ensure staff had relevant information if such a situation arose.

We looked at staffing rotas for the home for the past two months. We saw that, on occasion, regular bank staff were used to provide cover for some shifts in case of staff absence. This meant that people were supported by staff who were familiar to them. The manager told us that they had vacancies for two full time staff but one person had recently been recruited although they had not yet started work. The majority of people living at the home were out for most of the day; we saw that staffing levels were set so that more staff were available to support people when they were at home. For example, there were more staff available during the early morning before people attended the day centre and when they returned home. Some people had additional one to one support and extra staff were brought in to meet these needs rather than using staff on the existing rota.

People’s medicines were managed so that people received them safely. Medicines that needed to be kept cold were stored in a separate, locked fridge. The fridge temperature was checked daily to ensure it was within acceptable parameters. There was a locked cabinet in which people’s medicines were stored. Controlled drugs were not kept at the home.

Each person had a medicines profile which had details of the medicines they were prescribed. Staff had sought GP authorisation for PRN medicines that had not been prescribed. PRM medicines are medicines that can be used "as needed", such as painkillers. We saw Medicines Administration Records (MAR) sheets correctly completed. A medicines handover was completed at the end of each shift to ensure the quantities of medicines were correct. Only staff that had completed training in medicines were able to support people to take them.

Good

Is the service effective?

Our findings

One staff member told us, "We get good support here." They were aware of their responsibilities as care workers and told us they received training which helped them to carry out their duties. We looked at staff training records and saw that staff received both mandatory training and other training that was specific to the needs of people using the service. Training was delivered either through classroom based sessions or e-learning. The manager had recently bought a second computer for staff to complete e-learning whilst at work. Training topics included safeguarding adults, working with behaviours that challenge, medicines and food hygiene.

We looked at staff records and saw that the manager held regular supervision meetings where various items were discussed such as care, concerns, putting customers first and delivering best quality. Action points resulting from meetings were followed up in subsequent meetings.

Some people displayed behaviour that challenged the service. Care records contained information related to behaviours and how staff could support people in managing them. Staff were aware of the situations that could potentially cause these behaviours. They told us that they never used restraint techniques to manage behaviour that challenged, but instead used techniques to divert people's attention. Care records contained guidance on how to manage behaviour that challenged the service.

Staff told us that people had the capacity to make certain decisions for themselves, particularly in respect of everyday choices, such as what they liked to wear, eat and activities to do. Staff explained how they gained consent from people who were not able to communicate verbally. Some people had a communication passport, others used objects of reference. Objects of reference are one way of communicating with people through the use of objects which signify certain things such as when it is time to go out, to eat or go to sleep. One staff member said, "We have to explain to [them] as prescribed in [their] communication passport." We observed staff using these techniques in their interaction with people using the service. We saw examples of staff offering people choices and asking for their consent when supporting them.

Where people did not have the capacity to agree to certain decisions related to their care then best interests meetings were held which were attended by family members, social workers and other healthcare professionals. This was so a decision could be reached that was felt to reflect the wishes of the person concerned and promoted their welfare.

Staff were aware of the requirements under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection, no restrictions were placed on anyone using the service. For example, if people expressed a desire to go to the shops they were supported by staff to do so.

We saw that people were able to have meals at a time of their choosing. People had breakfast and lunch at different times and were supported by staff. There was fresh fruit and other snacks available for people to take if they wanted.

Staff told us that menus were planned a week in advance and people were supported to make choices with regards to what they wanted to eat. Staff said that they offered people choices through pictures or by showing them different types of food. We saw that these pictures were on display in the dining area. Relatives told us, "Sometimes we visit at mealtimes and have seen no problem" and "They get a good, healthy diet."

Hot food was temperature checked before it was served, and fridge and freezer temperatures were checked daily by staff. There were records to confirm this. Food in the fridge was labelled with the date it had been opened. All the food that we checked was within its use by date. This demonstrated that the service took steps to ensure people were given food that was properly stored and cooked.

Staff were familiar with the dietary requirements of people using the service. Some people were able to eat independently, whereas others required varying degrees of support, such as cutting food up into smaller pieces or softening. Where required, people were provided with special cutlery which supported them to eat independently. The provider sought advice from specialists such as the dietician and speech and language therapists if required. Guidelines from specialists were on display in the kitchen for staff to refer to. Healthy eating guidelines were on display which staff followed to ensure people received a

Good

Is the service effective?

balanced diet. Food and fluid plans which gave guidance about the best seating position, equipment and level of assistance for individuals were also on display and we observed staff to be following them.

People using the service were assigned named key workers. One staff member told us that their role as a keyworker meant, “Taking up certain responsibilities, for example attending appointments, arranging annual [health] checks.” We saw that when people's behaviour that challenged the service became more frequent, referrals were made to the community learning disabilities team to ensure they received appropriate specialist support. Records demonstrated that people’s health had improved as a result of staff following recommendations made by healthcare professionals, such as occupational therapists. We also saw evidence of referrals made to occupational therapists and a subsequent discharge summary with recommendations following a three month intervention. Staff had followed these recommendations.

One healthcare professional told us, “It is my experience that when residents of this home have been admitted to [the local hospital], the home manager has ensured that the learning disability liaison nursing team has been notified so that the anticipated reasonable adjustments can be put in place at the earliest opportunity.”

Good

Is the service caring?

Our findings

Relatives told us they were happy with the care and support that their family member received. Some of the comments from relatives were, “The care workers are very good”, “We go and visit at different times and always found it satisfactory” and “We are very happy.” Although we were not able to speak with people using the service, we observed staff caring for people. We saw that staff communicated with people in a caring and respectful way. Staff understood what people were trying to communicate and they treated people with kindness. For example, they asked them what they wanted and gave them choices.

Staff were familiar with people’s likes and dislikes and the type of activities they enjoyed. People’s birthdays were celebrated and family and friends were invited to them.

We asked staff how people were supported to express their views and be actively involved in making decisions about their care and support. Staff told us they used a number of ways to communicate with people. Some people had a communication passport which enabled staff to support them more effectively. Others had guidelines about objects of reference which we observed staff using on the day of our inspection, for example when offering people choices in terms of what they wanted to eat. Staff were familiar with the individual way that each person communicated. One staff member told us, “You can tell how they are feeling through the way they act.”

Although none of the people using the service had named advocates, we saw evidence of best interests meetings held where people’s rights were respected. In one example, a person using the service was apprehensive about the possibility of going to Hospital for a minor procedure. Best interests meetings attended by care workers, relatives, the hospital, the local district nursing service and also the community learning disability team resulted in the person being able to have this carried out by a district nurse at home. A healthcare professional told us, “I remember it as being a reasonable adjustment achieved through good inter-agency working with staff and management of the home.”

Staff told us that for them respecting people meant, “Giving them a choice and respecting their privacy and dignity.” They explained how they supported people with their personal care needs whilst at the same time maintaining privacy. They also told us they prompted people to do as much as they could for themselves and encouraged them to become more independent. People were supported to maximise their independence through the use of specialist equipment such as cutlery.

Staff respected people’s choices with regard to the type of clothes they wanted to wear and the type of food they liked. These were recorded in people’s care records, and we observed staff taking them into account. People using the service needed different levels of support and staff were aware of each individual’s support needs. We saw staff supporting one person using the service to make their lunch rather than making it for them. Staff gave clear instructions and spoke to people in a patient manner.

People had single bedrooms and were able to have family and friends visit them. Relatives told us they were able to come and visit at any time and were not restricted in doing so.

Requires Improvement

Is the service responsive?

Our findings

Relatives of people using the service told us that they were able to contribute to their family member's care plans and were invited to care plan reviews.

Each person had a care record, but we found that there were inconsistencies in some of the record keeping that we saw on the day and in how often staff updated care records. For example, some sections of people's personal care support plans were left blank, such as 'who does the person prefer to be supported by'. One personal care plan that we saw was reviewed in March 2011 and it was scheduled to be reviewed again in September 2013 but this had not been done at the time of our inspection.

People had a hospital passport containing important information relating to people's medical needs in case of a hospital admission. One person's hospital passport had not been reviewed since February 2010. Another person's had not been updated since December 2009. When we asked staff about this, they stated that that the person's needs had not changed in that time period. However, we saw that in one case, a person had an occupational therapy discharge summary in March 2014 and, in another example, a person had been referred to the community learning disability team. This information should have been reflected in the hospital passport.

Support plan monitoring sheets for individuals using the service and support plan record sheets which recorded any significant events were also in place. We saw some inconsistencies in these records. The records of two people had details of some exercises they needed to do on a regular basis. One person had details of their exercise in their support plan monitoring sheets but the second person did not. Staff were not able to demonstrate how they monitored the exercise for this person. This meant that at least one person may not have been receiving appropriate care that had been recommended for them.

These examples demonstrated that there was a potential risk that people may not have been receiving care that met their individual needs. This is a breach of Regulation 9, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The complaints procedure was on display within the home. This was in an accessible format. 'Residents' meetings were held monthly and followed a set agenda where the previous meeting minutes were reviewed. People were able to express their views about holiday ideas, menus, staff changes, things that needed repairing and if they were happy or cross about anything. We found that although people's complaints and concerns were explored during meetings, these were not always followed up in a timely manner by the provider.

We saw one example where some blackout curtains had been requested for a person in March 2014 as they were waking up very early in the morning due to the sunlight coming into their room. This issue had still not been resolved by the time of our inspection, even though it had been discussed at every subsequent meeting since March 2014. The summer months had passed without the curtains being provided. Also a summer holiday trip that was planned for the summer had been on the agenda since April 2014 and was still being researched in August which meant the majority of summer had passed without it being arranged for people. During our inspection, one staff said, "We didn't get a chance to take them away for the weekend, we did go on a daytrip." This is a breach of Regulation 17, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Key worker meetings were held monthly with each person, which gave them an opportunity to discuss topics related to the home, health, complaints and compliments. People had individual support plans that were reviewed monthly by key workers, these had an identified need, a short and long term goal and also an associated evaluation sheet to record people's progress towards the goals. People had their own communication folders made up of pictures and cut-outs. Staff used these to communicate with people more effectively so they could make choices around activities, chores, food shopping and let staff know how they were feeling.

Requires Improvement

Is the service well-led?

Our findings

Staff members were familiar with the values of the organisation and how they would implement these when carrying out their duties. The manager told us that the culture of the service was promoted through supervision meetings and staff training. We saw staff demonstrating the organisation's values when they interacted with people using the service. For example, respecting, supporting and encouraging people to maintain their independence. One staff member told us, "This is their home, we need to respect that." Another staff member said, "We should treat people how we would like to be treated" and one commented, "My role is to empower people to be as independent as they can."

There was a registered manager in post at the time of our inspection. Staff members told us they would not hesitate to raise concerns if they witnessed poor practice taking place. One staff member said, "My nature is that I would speak up." They told us that the manager listened to them and considered their views during team or individual meetings. Staff meetings were held monthly. We saw that in some instances, external healthcare professionals were invited to speak during these meetings.

Relatives of people using the service told us the manager had been in touch with them and introduced herself when she first started in post. Healthcare professionals told us they had a good working relationship with the manager and had good arrangements in place for sharing information about people using the service.

Staff were aware of when the Care Quality Commission (CQC) were to be notified of certain incidents and there were processes in place to ensure that these were submitted in a timely manner. The manager demonstrated that they were aware of aspects of the service that needed improving. One of these was the deployment of staff across the service and its 'sister' home at number 21. Previously, staff did not work across the two locations but the manager had taken steps to try to familiarise staff with both locations so that absence in either home would be covered by staff known to people using the service.

The provider had systems in place to monitor the quality of service. This included daily and monthly checks such as room and shower temperature checks and medicines audits. Some audits were robust. Audits to check care plans did not identify the areas of concern that we picked up during our inspection. Daily handovers were completed which ensured staff coming on to a shift were made aware of relevant information about people using the service. Accidents and incidents were recorded and reviewed. We saw examples where multiple recorded incidents led to referrals being made to healthcare professionals.

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 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services The registered person did not take proper steps to ensure that service users were protected against the risks of receiving inappropriate care or treatment for their individual needs through the planning and delivery of care. Regulation 9 (1) (b) (i).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services The registered person had not made suitable arrangements to ensure that service users were treated with consideration and respect. Regulation 17 (2) (a).