

Standwalk Ltd

St James House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

St James House is a residential care home. The service provides support with personal care and accommodation to people with a range of support needs, including younger and older adults with a learning disability, autism or mental health support needs.

Services for people with learning disabilities and or autism

The service was registered to provide support to up to 15 people and there were 13 people using the service at the time of our inspection. The service is larger than recommended by best practice guidance. However, we have rated this service good because the size of the service was not having a negative impact on people. The building design blended into a local residential area and there were no identifying signs outside to indicate it was a care home. People were encouraged to access the community and undertake person centred activities.

People's experience of using this service and what we found

People and their relatives told us the service was safe. We observed a calm and relaxed atmosphere during our site visit. Medicines, recruitment and infection prevention and control were managed safely. Individual and environmental risk assessments were detailed and up to date.

People, relatives and staff told us there was a positive culture within the service that promoted people's choices and independence. Care records were person centred and the service had effective quality assurance processes in place to ensure the service was always improving.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 26 February 2019) with breaches in Regulations 12 (Safe care and treatment) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 23 and 24 October 2018. Breaches of legal requirements were found in Regulations 12 (Safe care and treatment) and Regulation 17

(Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

We also looked at infection prevention and control measures under the safe key question during an inspection in August 2020. This was a targeted inspection looking at the infection control and prevention measures the provider has in place. As part of CQC's response to the coronavirus pandemic we are conducting a thematic review of infection control and prevention measures in care homes. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

You can read all our previous reports, by selecting the 'all reports' link for St James House on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

St James House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

St James House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. Due to the COVID-19 pandemic we wanted to review documentation remotely and make arrangements to speak with people and staff. This helped minimise the time we spent in face to face contact with the management team.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent to us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, a senior care worker and three care workers. We spoke with three people who lived at the service and three relatives. We viewed five care plans and associated risk assessments. We looked at multiple medication records and medication audits. We viewed two recruitment records of new staff members. We viewed documents relating to the management and the safety of the service and audits to monitor and improve the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received feedback from one professional who regularly visits the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to ensure medicines were managed safely. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- Medicines were stored and managed safely.
- Recording issues highlighted at the previous inspection had been addressed.
- Records showed that people received their medicines in the right way.
- The service had clear policies and procedures for managing medicines.

Preventing and controlling infection

At our last inspection, the provider did not have effective systems to assess, detect and prevent the spread of infections. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- The registered manager had effective oversight of infection control and prevention.
- The premises were visibly clean and hygienic.
- The laundry room followed best practice guidelines to minimise the risk of cross infection.
- All the staff we spoke to told us they had received good support to manage infection prevention and control.

Systems and processes to safeguard people from the risk of abuse

- All the people we spoke with reported feeling safe. One person told us, "Yes, I'm happy and safe yeah, I like it". Relatives told us, "I'm very happy, [Relative] has been there many years and [Relative] is very well looked after. Staff are brilliant" and "Compared to the last place [Relative] lived it is incredibly safe. It's such a different home because they really care".
- Staff received regular safeguarding training and were confident at identifying and reporting any concerns. The service had a whistleblowing policy in place and staff were confident reporting concerns to outside

agencies if required.

- The registered manager reported safeguarding concerns to the local authority and the Care Quality Commission in line with guidance.

Assessing risk, safety monitoring and management

- Systems were in place to identify and reduce the risks involved in the delivery of care to people.
- Care plans and risk assessments provided clear guidance on how to manage and reduce identified risks.
- The service had effective systems in place to ensure all areas of the service were safe. This included up to date safety certificates for gas and electric systems and regular checks of fire safety equipment.

Staffing and recruitment

- Staff were recruited safely and had the appropriate pre-employment checks in place before employment commenced.
- Staffing levels were regularly reviewed to ensure people's needs could be met safely. The service did not use agency staff. Staff told us there were no concerns about staffing levels.
- There was a calm atmosphere in the service throughout the inspection and we observed people were relaxed and had their needs attended to promptly.

Learning lessons when things go wrong

- There was an open and transparent culture where staff felt confident to report any accidents and incidents.
- An analysis of accidents and incidents was regularly completed to highlight patterns and themes and reduce the risk of a similar accident or incident occurring again.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

At our last inspection systems to manage the quality of the service were ineffective. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- Effective systems had been implemented to ensure previous concerns had been addressed. This included the safe management of medicines, effective oversight of infection, prevention and control, improving the quality of the food, the safe storage of refrigerated foods and improved support for people and staff to understand and support the needs of people with protected characteristics under the Equality Act 2010.
- Effective and comprehensive auditing was in place to ensure the service was always improving. Audits were up to date and any identified issues were documented and actioned.
- Staff were positive about the leadership of the service. The systems in place to support their work and their tasks were clear. Staff told us, "Yes, we focus on service user wellbeing – this comes first. We receive good support and we get opportunities to learn and develop, including leading a shift" and "We work as a team, the manager and seniors check that everything is done properly. I am happy because things get done and the standards are good."
- People and their relatives were all positive about how the service was managed.
- The service complied with all regulatory requirements. This included the submission of notifications which they are required to send to us by law.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager kept in regular contact with families and relatives. Feedback from people and their families was positive about the culture of the service. They all felt involved and reported communication with the registered manager and other staff was good.
- There was an established team. They reported a good culture and ethos within the service. They enjoyed working at St James House and understood the importance of their roles.
- Staff were positive about the registered managers leadership of the service. They told us, "Yes, I definitely

get good support. I feel appreciated and valued" and "I feel valued and we get amazing support from the registered manager and the provider. We are appreciated".

- The service focused on maximising people's independence whilst keeping them safe. People were encouraged to have an active life and we saw people accessed a range of activities from horse riding to swimming. During the COVID-19 pandemic the service ensured people could still access activities in the gardens to minimise the impact of the restrictions in place.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Surveys to gather feedback from people, relatives and staff took place annually. There were monthly resident meetings and regular one to one sessions to engage and involve people. Relatives were kept informed and told us the communication was good. One relative told us, "Yes definitely, they keep in touch, they're great".
- Staff told us the communication within the service was good and they were given opportunities to develop and progress within their roles. They received regular updates including a monthly newsletter.
- Staff were comfortable talking about difference and encouraging people to talk about what was important to them. This included subjects such as religion, culture and sexuality. This was clearly captured in person centred care planning records. Relatives told us people were treated with dignity and respect.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- The provider fully understood their legal responsibilities around duty of candour. This was supported by appropriate policies and procedures.
- The records we looked at demonstrated the service worked in partnership with other professionals. These included GP's, speech and language therapists, social workers and opticians.
- One visiting professional told us, "The staff are very responsive to the needs of the clients, all of my client's health needs are monitored and support staff do not hesitate to contact me if there are any concerns. The staff advocate for the needs of the client and ensure that clients receive the care they need and deserve. The staff keep on top of appointments and make appropriate referrals to our team when needed".