

Randall Care Homes Limited

# Jude House

## Inspection report

92 Randall Avenue  
Neasden  
London  
NW2 7SU

Tel: 02082081671  
Website: [www.randallcarehomes.com](http://www.randallcarehomes.com)

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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

### About the service

Jude House is a residential care home providing the regulated activity of accommodation and personal to up to 4 people with a mental health condition. Jude House accommodates people in one adapted building. At the time of our inspection there were 4 people using the service.

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

People and their relatives were happy with the care and support provided. Comments included, "I am happy here. We get on well with each other" and "[Staff] are friendly and always around to help." People were protected from the risk of avoidable harm. Comments included, "[Staff] are good. I feel safe around them" and "I have now worries at all. [Staff] treat me so well."

Staff were aware of their responsibility to protect people from harm. They knew how to identify and report abuse, and when to whistle blow concerns. The registered manager undertook risk assessments and put guidance in place which enabled staff to support people safely. The provider ensured there were enough staff to deliver care. Recruitment processes were safe and ensured only suitable staff were employed to support people. Staff underwent induction before they started providing care. People received their medicines when required. Staff knew how to minimise the risk of infection and followed good hygienic practices.

Staff provided effective care as they were supported to undertake their roles. The provider ensured staff received regular training and supervision to do their work. People were supported to maintain good health and their well-being.

A regular team of staff delivered care to people. This enabled them to develop positive and meaningful caring relationships. People's dignity and privacy were respected. Staff sought consent from people before they provided care to them. People were supported to maintain their independence and to make choices about their day to day living.

People's needs were assessed and met. The registered manager reviewed and updated care plans to reflect changes to each person's needs and support they required. People were supported to access health services when required. People and their relatives knew how to make a complaint if they were unhappy with any aspect of their care.

People, their relatives and staff were happy with the way the service was managed. They felt the provider listened to them and their views were valued and considered. They described the registered manager as open, honest and approachable. Quality assurance audits were carried out on the care provided. Improvements were made when needed. The provider ensured staff learnt lessons when things went wrong. The provider took action to prevent incidents from happening again. The registered manager worked in partnership with health and social care professionals and other agencies to ensure people received care

appropriate to their needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (14 April 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Jude 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 1 inspector.

#### Service and service type

Jude House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Jude House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us

annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 2 people, 1 relative, a support worker, client support therapeutic coordinator, deputy manager, supervisor, a director and the registered manager. We reviewed 3 people's care records and 5 staff files. We checked people's medicines and medicines records. We carried out observations of staff interactions with people as well as of the environment of the care home. We checked quality assurance records, and documentation related to the management of 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Comments included, "Yes I do feel safe" and "I have no concerns. The [staff] look after me well."
- Staff knew the types of abuse, signs and symptoms and how to report concerns. Staff understood the provider's safeguarding policy and knew when to whistleblow and to escalate concerns.
- Staff attended safeguarding adults training and refresher course to keep their knowledge about abuse up to date.
- The provider ensured they reported safeguarding concerns to the local authority and investigated and addressed concerns raised at the service.

Assessing risk, safety monitoring and management

- People received care in a manner that protected them against the risk of avoidable harm. Comments included, "[Staff] always remind me of the dangers of being out late at night on my own" and "I feel safe because they're here. They help me with cleaning my room and my personal care." Staff understood the potential risks to people using the service and looked out for situations when these may arise to mitigate the likelihood of harm such as self-neglect.
- The registered manager undertook regular risk assessments and reviews of people's health and put support plans in place which enabled staff provide care in a safe manner, for example each person's ability to manage their medicines and to maintain good hygiene.

Staffing and recruitment

- People received the care they required from a sufficient number of staff. One person told us, "There is enough [staff]." Rotas were filled with regular staff and there were no vacancies.
- New staff underwent an induction and completed a probationary which included provider's mandatory training, shadowing colleagues and meet objectives set for them.
- People were supported by suitable staff as they underwent a safe recruitment process. The provider reviewed application forms, interviewed prospective candidates, took up employment references and carried out identity and criminal records checks.
- New staff underwent an induction and completed a probationary period which included provider's mandatory training, shadowing colleagues and meeting objectives set for them.
- People were supported by staff deemed suitable to provide care as they underwent a safe recruitment process. The provider reviewed application forms, interviewed prospective candidates, took up employment references and carried out identity and criminal records checks.

### Using medicines safely

- People were supported to receive their medicines safely.
- Staff receiving training to manage people's medicines and had their competency tested. Audits were carried out to ensure people received their medicines as prescribed.
- The medicines policy and procedures were in place and reviewed when needed.

### Preventing and controlling infection

- People were protected from the risk of infection as staff followed good hygiene practices. One person told us, "It's always clean." A relative commented, "The home is always clean and tidy."
- Staff used Personal Protective Equipment (PPE) effectively. One member of staff told us, "We wear aprons and gloves when preparing food or carrying out personal care." Staff washed their hands before and after providing personal care.
- The registered manager ensured staff used PPE correctly and followed cleaning schedules to reduce the risk and spread of infection.
- Staff attended infection prevention and control training and received refresher courses.
- The provider's infection prevention and control policy was up to date.

### Visiting in care homes

The provider's approach to visiting aligned to government guidance.

### Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong. The provider had an accident and incident policy and procedure which staff followed to record and report accidents and incidents.
- The registered manager reviewed incidents and undertook investigations to minimise the risk of a reoccurrence.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People received their care and support from skilled and knowledgeable staff. The provider ensured staff received training necessary to do their roles effectively. This included safeguarding, moving and handling, medicines management, infection control and first aid. One member of staff told us, "I find the training informative. It makes it easier to do the job."
- Staff were supported via regular supervisions, mentoring and coaching. Records showed 1:1 and team meetings were used to discuss people's changing needs, changes at the service, staff training, and the support they required from each other and the management team were discussed. Follow up actions from the meeting were recorded, reviewed and acted on.
- Staff had not received formal appraisals to review their performance and for staff to evaluate how well they considered themselves to be working. The provider used the various meetings and supervisions with staff to monitor this. We spoke with the provider about appraisals and referred them to regulations. The provider told us they would resume appraisals and had put an action plan to ensure staff were supported accordingly.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and met. Comments included, "[Staff] are attentive" and "[Staff] know my routine very well and what I need,"
- People and their relatives where appropriate were involved in the assessments to identify the support they needed. Regular reviews were undertaken and care plans updated to reflect each person's support needs.
- Support plans were written in line with standards and guidance which enabled staff to provide care to people in line with best practice.

Supporting people to eat and drink enough to maintain a balanced diet

- People received the support they required to eat and drink healthily and to maintain a balanced diet. One person told us, "I enjoy the food. [Staff] encourage fruits and water."
- Care records indicated people's food preferences and the support they required to meet their nutrition and hydration needs.
- The registered made referrals to healthcare professionals who provided staff with training to ensure they supported people with healthy eating. For example, a person with diabetes received the support they required to eat healthily and to follow guidance from healthcare professionals.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access healthcare services for their well-being. One person told us, "[Staff] organise visits to see my GP or trips to the hospital." Staff maintained diaries and arranged medical appointments, hospital visits and escorts when appropriate which ensured people received the support they required. Staff communicated with people's relatives as they wished if they had concerns about their health and involved them in reviewing their needs.
- Staff supported people to attend annual reviews with healthcare professionals about their health.
- Staff followed guidance provided by healthcare professionals, for example by encouraging a person to eat healthily and to take their medicine to manage their diabetes.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (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 MCA 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were asked for their consent before staff provided care. Staff were trained in MCA and followed its principles by ensuring they supported people to make decisions about their care and promoting their rights.
- Staff told us they used the provider's policy on MCA for guidance to inform the way they provided care and support to people.
- Records showed information about what decisions people could make for themselves and where they may require more support. Staff knew the areas people required support such as making decisions about their personal care and receiving medical care.
- The registered manager worked closely with other healthcare agencies to carry out mental capacity assessments and best interests' meetings which ensured people received appropriate support to make specific decisions about their care.
- Where it was necessary for people to be deprived of their liberty to keep them safe, the registered manager applied for the necessary authorisations and details of the restrictions in place and how long they were valid for were detailed in care records. At the time of the inspections, no one was on DoLS.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were happy in the manner staff related to them. Comments included, "[Staff] do care and are interested in what I get up to" and "Everyone here is kind and they genuinely care." Staff spoke compassionately about people. Care records showed staff provided care in a compassionate manner and respected people's rights.
- People were supported by a regular team of staff. This enabled them to understand their needs and to develop positive relationships with them. One person told us, "I know all the [staff] and they know me well and what works for me".

Supporting people to express their views and be involved in making decisions about their care

- People were provided with opportunities to discuss about the support they wished to receive.
- People and their relatives where appropriate were involved in making decisions about their care and the support they required.
- Staff provided care in line with people's preferred routines and preferences and made any changes requested such as to facilitate a hospital appointment or outing.
- Care plans were detailed and included information about people's life history, their preferences, routines, spiritual and cultural needs which enabled staff to provide care appropriate to their needs.
- Staff delivered care in a manner that upheld people's equality and diversity and ensured their practices were inclusive and did not discriminate against any person using the service.

Respecting and promoting people's privacy, dignity and independence;

- People's privacy and dignity were upheld. People told us staff respected their space when needed and treated them with respect. A member of staff told us, "I knock and wait to be invited before entering [people's] rooms."
- People were supported to maintain their independence as far as practicable. Care plans indicated what tasks people could undertake and where they needed support. People received the support they required which enabled them to maintain their existing skills and develop new ones with encouragement, for example tidying their rooms and planning for their outings.
- Staff knew what mattered to people using the service and how they wished their care delivered and provided support in line with this.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received individualised care that met their needs. Comments included, "I talk to [staff] about the support I need" and "Yes, I'm asked for my views and am involved in decisions about my care."
- Care plans showed details about each person's individual care and support needs. Staff knew people well and described each person's preferences, routines and how they wished their support to be provided.
- People's care needs and support plans were reviewed regularly. Staff were provided up to date guidance that showed changes in people's needs which enabled them to provide personalised care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People were provided information in a format appropriate to their communication needs. The registered manager carried out assessments to recognise people's communication needs. This enabled staff to communicate effectively in a manner each person understood.
- The provider understood their responsibility to ensure people had access to information about their care and support in accessible format in line with AIS. Records showed people communicated effectively with staff as the information was presented to them in a format they understood.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People were supported to maintain relationships with those that mattered to them. One person told us, "My family visits and they are welcome here" and "[Staff] help me to plan trips to [relative's] home."
- Staff supported people to keep in touch with friends and family. This enabled them to reduce social isolation and lead fulfilling lives where their well-being needs were met. Staff supported people to engage in activities for stimulation and staff rotas were planned to accommodate their needs.
- Care records were detailed and showed information about people's hobbies, interests, likes and dislikes.

Improving care quality in response to complaints or concerns

- People and their relatives told us their concerns were addressed. They knew how to make a complaint

when care delivery did not meet their expectations. Comments included, "[Staff] and managers are always here. Niggles are sorted in no time" and "I'm able to do it but have not had a reason to complain."

- People received the complaints procedure which explained the process of how to raise a concerns about any aspect of their care and how the provider resolved the issues.
- The registered manager understood their responsibility to investigate and resolve complaints in line with the provider's policy and procedures.

#### End of life care and support

- People were supported to share their end of lives wishes. Staff discussed and recorded each person's preference if they chose to share their views.
- No one was receiving end of life care at the time of our inspection.
- The registered manager knew how to ensure people were supported to receive appropriate care at the end of their lives. They had links with healthcare professionals such as GPs, palliative teams and clinical nurse specialists when needed.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People benefitted from a positive and person-centred culture practiced at the service. One person told us, "I get all the support to live my life the way I want to." Staff supported people to achieve their goals and to meet their needs and preferences such as taking part in activities of their choosing, outings, personal care and attending community-based events. We observed a person supported to attend a hospital appointment.
- Staff felt well supported in their work and received regular supervisions. Staff were asked about their views of the service and received feedback about developments in the home. Team meetings were held to discuss their work and improvements required to provide good standards of care, people's needs and support plans.
- The provider reviewed and updated policies and procedures when required to provide guidance to staff on how to deliver care appropriately.
- The registered manager championed the provider's vision which they promoted to staff which ensure people received personalised care in a dignified and safe manner.
- The provider submitted notifications to the Care Quality Commission (CQC) and the local authority safeguarding teams of significant events in line with their legal responsibilities.

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

- People told us they felt confident the registered manager would discuss any concerns they had and improve service delivery.
- The registered manager understood their responsibility to be open and transparent when things had gone wrong. They kept the local authority and CQC informed about significant events at the service.
- Staff told us the registered manager encouraged them to report concerns about their work which enabled them to do so without fear of any reprisals. This enabled the registered manager to review their practices and to ensure they learnt lessons from their incidents happening at the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People received good standards of care as the provider assessed, monitored and improved the quality and safety of the service.
- The registered manager and management team carried out detailed audits on various aspects of the

service. This included checks on care plans and records, premises, health and safety, staff training and supervisions and medicines management. Shortfalls identified were reviewed and resolved.

- Staff were clear about their roles and responsibilities. They told us tasks were planned for each shift and delegated which increased their accountability in providing good standards of care.

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

- People and their relatives commended how the service was managed and the care provided. Comments included, "[Registered manager and care staff] are very good. Everything here, from the meals to activities is well planned" and "[Service] is well planned and managed."

- People and their relatives where appropriate were provided with opportunities to share their views about the service and about their care and support. The provider undertook 1:1 meetings with them, and care reviews, surveys, questionnaires, audited care plans and records to ensure staff delivered care in line with people's preferences and expected standards.

- Records showed the registered manager listened and acted on people's feedback and made the necessary changes required to meet their individual needs.

- Staff spoke positively about the registered manager, management team and teamwork at the service. Comments included, "I'm happy working here" and "We work as a team. There is not a them and us with the managers."

Continuous learning and improving care

- People benefitted from improved care delivery because the provider and registered manager supported continuous learning and improvement. Staff were supported with training and made aware of changes in the health and social care sector which improved their care and support for people.

- The provider had started to upgrade their IT systems. This included moving away from paper records such as care and support plans, daily recordings of people's day to day living to an electronic format. This meant information about people and outcomes would be more easily planned, reviewed and update and enable increased oversight by management. The provider had plans to undertake refurbishments of the service.

Working in partnership with others

- The provider worked collaboratively with other agencies including and health and social care professionals to drive improvements. For example, the registered manager worked with the local authority in regular reviews of people's needs and support plans.

- People were supported to access the local community and services such as GPs which ensured they received support appropriate for their health and well-being.