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# St James House

## Inspection report

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Date of inspection visit:  
17 March 2016

Date of publication:  
12 April 2016

### 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?	Requires Improvement ●

# Summary of findings

## Overall summary

This was an unannounced inspection which took place on 17 March 2016. The service was last inspected on 20 October 2015 when we undertook a focused inspection to see if the provider had taken action against a warning notice that had been issued. This was because people were not protected from the risks associated with the unsafe management of medicines. We found the required improvements had not been made and issued the provider with a further warning notice.

This comprehensive inspection was carried out to check that the provider had met the requirements of the warning notice regarding the management of medicines and to check that all other required regulations were being met.

St James House provides accommodation for up to 30 people who require support with personal care. There were 22 people living at the service at the time of our inspection.

The service did not have a registered manager in place at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. A new and experienced manager had been appointed since our last inspection; they had been in post since November 2015. They had submitted an application to register with CQC as manager at St James House.

During this inspection we found significant improvements had been made to the way medicines were administered in the service. This meant the requirements of the warning notice had been met.

People who used the service told us they felt safe in St James House and that staff were always kind and caring. We found people were cared for by sufficient numbers of safely recruited, suitably skilled and experienced staff. Staff received the training and support necessary to enable them to carry out their roles effectively and care for people safely.

We saw that suitable arrangements were in place to help safeguard people from abuse. Guidance and training was provided for staff on identifying and responding to the signs and allegations of abuse.

All areas of the home were clean and we saw that procedures were in place to prevent and control the spread of infection. Risk assessments were in place for the safety of the premises and systems were in place to deal with any emergency that could affect the provision of care.

We saw that the equipment and services within the home were serviced and maintained in accordance with the manufacturers' instructions. This helped to ensure the safety and wellbeing of everybody living, working and visiting the home.

The staff we spoke with had a good understanding of the care and support that people required. We saw people looked well cared for and there was enough equipment available to promote people's safety, comfort and independence. Interactions between staff and the people who used the service were warm, friendly and relaxed.

We saw that appropriate arrangements were in place to assess whether people were able to consent to their care and treatment. The manager was aware of their responsibility under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS); to ensure that people's rights were upheld.

People's care records contained enough information to guide staff on the care and support required. We noted that the manager was in the process of introducing a new format for care plans to ensure that people's wishes and preferences were fully documented. Care records showed that risks to people's health and well-being had been identified and regularly reviewed. We saw that plans were in place to help reduce or eliminate the identified risks. Records we reviewed showed that people had the opportunity to contribute to the development and review of their care plan.

People told us they enjoyed the meals provided in St James House. Systems were in place to help ensure people's nutritional needs were monitored and referrals made to specialist services when any concerns were identified.

To help ensure that people received safe and effective care, systems were in place to monitor the quality of the service provided. There were systems in place for receiving, handling and responding appropriately to complaints. We saw that feedback received from people was encouraged and used to drive forward improvements in the service.

## 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.

Significant improvements had been made to the way medicines were administered in the service.

Staff had received training in safeguarding adults. They were able to tell us of the correct action to take if they witnessed or suspected abuse.

There were sufficient numbers of staff available to meet people's needs in a timely manner.

People were cared for in premises which were safe and secure.

### Is the service effective?

Good ●

The service was effective.

Staff received training to allow them to do their jobs effectively and safely and systems were in place to ensure staff received regular support and supervision.

People who used the service told us they were able to exercise choice about the support they received. The manager was aware of their responsibilities to protect the rights of people who were unable to consent to their care in St James House.

Systems were in place to help ensure people's health and nutritional needs were met.

### Is the service caring?

Good ●

The service was caring.

People who used the service spoke positively of the kindness and caring attitude of the staff. We saw staff cared for the people who used the service with dignity and respect and attended to their needs discreetly.

The staff showed they had a good understanding of the care and support that people required. People told us they were

supported to be as independent as possible.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People told us staff always provided the support they needed.

Care records contained sufficient information to guide staff on the support people required. The records were reviewed regularly to ensure the information contained within them was fully reflective of each individual's current needs.

Systems were in place for receiving, handling and responding to complaints. People were encouraged to provide feedback on the care provided in St James House.

### **Is the service well-led?**

**Requires Improvement** ●

The service was not always well-led. This was because there was no registered manager in place.

Both the manager and deputy manager had been recently appointed. The manager had submitted an application to register with CQC as manager at St James House. Staff told us they considered the managers had made significant improvements had been made to the way the service was run.

Staff enjoyed working in the service. They told us they felt able to approach either the managers or the provider for support and advice when necessary.

Systems were in place to assess and monitor the quality of the service provided to ensure people received safe and effective care.

# St James House

## **Detailed findings**

### **Background to this inspection**

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

This inspection took place on 17 March 2016 and was unannounced. Before our inspection we reviewed the information we held about the service including notifications the provider had sent to us. We contacted the Local Authority safeguarding team, the local commissioning team and the local Healthwatch organisation to obtain their views about the service.

The inspection team consisted of an adult social care inspector, a pharmacist 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. The expert had experience of residential care services for older people.

During the inspection we spoke with eight people who used the service and four visitors. We also spoke with the provider, the manager, the deputy manager, two members of care staff and the cook. We also carried out observations in the public areas of the service.

We looked at the care records for six people who used the service. We also reviewed the medication records for nine people who used the service. In addition we looked at a range of records relating to how the service was managed; these included four staff personnel files, training records, quality assurance systems and policies and procedures.

# Is the service safe?

## Our findings

We had previously visited this service in October 2015 when we found required improvements to the management of medicines had not been made. At this inspection we checked the medicines and records for nine people and found significant improvements had been made. This meant the requirements of the warning notice we had previously issued were met.

We found the medication administration record (MAR) charts contained the photograph of each individual and a list of their allergies; this reduces the risk of medicines being given to the wrong person or to someone with an allergy and is in line with current guidance.

Care records we reviewed showed that medication care plans were in place. We looked at the care plan for one person who was on a complex regime of medicines. We noted that this care plan contained detailed information about the medicines the person was prescribed, the administration instructions and any possible side effects of which staff should be aware.

Since our last inspection the medicines room had been moved downstairs allowing all medicines to be stored in the same place. There was a significant reduction in medicines being wasted in comparison to our last visit as medicines were only ordered when needed; this was evident as the amount of medicines stored at the home was not excessive. The service had separated people's medicines into plastic containers to reduce the risk of medicines being misplaced, with a photograph of the person to whom the medicine belonged. Paperwork had been introduced to record when 'thickeners' had been used; thickeners are added to drinks, and sometimes to food, for people who have difficulty swallowing, and they may help prevent choking. The new paperwork was very clear and allowed accurate recording of what had been used.

Controlled drugs (prescription medicines that are controlled under the Misuse of Drugs legislation) were being stored in accordance with the requirements of this legislation.

We noted that medicines were not always delivered before the previous supply had run out, which meant three people did not have their medicines for several days. This was not the fault of the service as we saw evidence that they had tried to obtain the medicines before and after they had run out. The managers in the service were actively trying to reduce the risk of this happening again by arranging a meeting with the doctors' surgery and the community pharmacy.

Records we reviewed showed the manager had undertaken assessments of the competence of all staff responsible for the administration of medicines. We saw that the managers in the service had also been completing monthly medicine audits. Actions required to address shortcomings were clearly recorded. We noted that there had been continuous improvements in the findings of the audits from when they started in November 2015.

People who used the service told us they did not have any concerns about the care and support they

received in the service. Comments people made to us included, "My family visit me regularly and they know I am safe here and cared for" and "I definitely feel safe here. The staff look after me well." All the visitors we spoke with told us they had no concerns regarding the safety of their relatives in St James House.

Staff we spoke with told us they had completed training in safeguarding vulnerable adults; this was confirmed by the training records we reviewed. Staff were able to tell us what procedure they would need to follow if they had any concerns about a person who used the service. Information about the reporting procedure was on display in the manager's office. Staff also told us they were aware of the whistle blowing (reporting poor practice) policy for the service. One staff member told us, "If I think things aren't right I will speak up." Records we reviewed showed that during the most recent staff meeting in November 2015, staff had been reminded about the importance of reporting any concerns or complaints to the managers in the service.

We noted information about reporting abuse was on display in the reception area of the service. This helped to ensure visitors were aware of how to protect the safety of people who used the service.

Most of the staff team on duty on the day of the inspection had been employed in the service for over 20 years; this meant their recruitment records pre-dated the current regulations. In order to check that the recruitment system in the service was safe we looked at the personnel file for the newest member of staff. We noted the application form on this person's file did not include a full employment history. This meant that reasons for any gaps in the person's employment had not been explored. Although there were two references on the person's personnel file we noted the person's previous employer had not been contacted. Checks had also not been undertaken as to why the person's previous employment with vulnerable adults had ended. The provider told us this was an oversight but that the member of staff concerned was still undertaking their induction in the service and had not been allowed to support people without close supervision; this had been confirmed by the member of staff when we arrived at the service. Before the end of the inspection we noted the manager had completed all the required checks to help ensure that people who used the service were not cared for by unsuitable staff.

We looked at the staffing arrangements in place to support the people who lived at the home. We were told that staffing levels had recently been reduced as a result of the low numbers of people currently cared for in the service. The manager told us that staff had access to an on-call manager. One of the staff members we spoke with told us they considered there should be an additional member of staff on duty in the mornings. However none of the people who used the service told us they had to wait for more than a short period of time if they required any assistance. One person commented, "Staff always come straight away; they are spot on."

Care records we reviewed contained risk assessments that identified if a person was at risk of harm from conditions such as pressure ulcers, poor nutrition and hydration, restricted mobility and the risk of falls. We saw that these records had been regularly reviewed and updated to record any changes in a person's level of risk. Care records also included good information for staff about how to manage any identified risks. We saw that the manager was in the process of introducing a 'care plan outline' for all people who used the service. This was a document that provided a summary of the person's needs and highlighted any risks they might experience. Staff we spoke with told us they thought this document was useful to help ensure they provided people with safe and appropriate care.

Records we looked at showed us risk management policies and procedures were in place; these were designed to protect people who used the service and staff from risk including those associated with cross infection, the handling of medicines and the use of equipment. Records we looked at showed us all

equipment used in the service was maintained and regularly serviced to help ensure the safety of people in St James House.

We noted that improvements had been made to the environment since our last inspection. This included the decluttering of communal areas and the redecoration of some bedrooms. The manager told us they intended to complete a more detailed assessment of the premises to highlight any further areas where the safety of the environment could be improved.

We saw a fire risk assessment had been completed for the service and that this was reviewed on an annual basis. A personal evacuation plan (PEEP) had been completed for each person who used the service; this documented the support people would need in the event of an emergency at the service. A business continuity plan was also in place to provide information for staff about the action they should take in the event of an emergency.

We looked at the documents that showed equipment and services within the home had been serviced and maintained in accordance with the manufacturers' instructions. This included checks in areas such as gas safety, portable appliance testing, the lift and hoisting equipment. These checks help to ensure the safety and wellbeing of everybody living, working and visiting the home.

## Is the service effective?

### Our findings

We looked to see how staff were supported to develop their knowledge and skills. We looked at the induction programme that newly appointed staff had to undertake on commencement of their employment. Induction programmes help staff to understand what is expected of them and what needed to be done to ensure the safety of the staff and the people who used the service. The induction training programme included topics such as health and safety, fire safety, moving and handling and food hygiene. The manager told us that staff were required to pass required training courses before they were allowed to progress on to shadowing more experienced staff.

Records showed that staff had received the essential training necessary to safely care for and support people who used the service. This included areas such as infection control, safeguarding adults, moving and handling, first aid and food hygiene. The manager told us they were in the process of negotiating a new training programme with an external provider. They told us that staff would be required to register on a course which interested them or was considered to be necessary by the provider.

We looked at the arrangements in place to ensure staff received regular supervision. The manager told us that since their appointment they had met with staff as a group and had started to hold individual supervision sessions with care staff. Both of the care staff we spoke with told us they were aware that supervision sessions were due to be scheduled with the manager. The manager told us that the deputy manager would be observing supervision sessions with staff so that they felt confident to carry out this task in the future.

All the people we spoke with told us they had no concerns regarding the knowledge and skills of the staff in the service. Comments people made to us included, "It helps me to know [my relative] is cared for by experienced staff" and "I am getting good care here. The staff know what they are doing."

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). 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.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

At the time of our inspection one person was subject to DoLS. We saw that the manager had taken the necessary steps to ensure the person was reassessed prior to the initial authorisation expiring; this meant the person's rights were upheld. We saw that information regarding the process to submit DoLS

authorisations to the local authority was on display in the manager's office; this helped to ensure staff were aware of the procedure to follow should it be necessary to place any restrictions on a person who used the service.

All the care records we reviewed contained some information about whether individuals were able to consent to their care in St James House. The manager told us they were in the process of updating care plans to a new format. We noted that care plans which had been completed using this format included detailed information about the capacity of individuals to make their own decisions. We saw that care plans contained a record that the person had agreed to the support staff had assessed them as needing.

Staff we spoke with demonstrated an understanding of the principles of the MCA. They were able to tell us how they supported people to make their own decisions regarding how they wished to be cared for. One staff member told us how they used their knowledge of a person's non-verbal communication methods to help ensure they were providing the care the person wanted. They commented, "I can tell by [name of person's] body language what they want or don't want."

We asked staff how they were informed if the needs of a person who used the service changed or a new person was admitted. Staff told us that a 'handover' was completed at every shift change; we saw that a written record was maintained of these meetings. This was to help ensure that any change in a person's condition and subsequent alterations to their care plan were properly communicated and understood. Staff told us they would also refer to people's care plans to check they were aware of the support each individual required. One staff member commented, "Care plans are important. I always look at the plans for new people to find out their initial needs and what they like and don't like."

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. We looked at the kitchen and food storage areas and saw good stocks of fresh, frozen and dry foods were available. We spoke with the kitchen manager who was on duty on the day of the inspection. They told us they always met with people admitted to the service to find out their dietary needs and preferences. We noted that one choice of main course was usually on the menu at lunchtime. However the kitchen manager told us they would always prepare any alternatives people requested; this was confirmed by our observations during the inspection. The kitchen manager told us, "I take pride in providing good, healthy and enjoyable meals."

We were told that the service had recently retained their 'Recipe for Health' Gold award from the local authority. They had also achieved a five star rating for food hygiene in the most recent inspection in September 2015.

All the people we spoke with who used the service told us the food in St James House was of good quality. Comments people made to us included, "The food is brilliant" and "I really enjoy the food here."

We observed lunch being served in the dining room. We saw that the tables were set with place mats, cutlery, crockery and condiments. One member of the inspection team sampled the food provided and found it to be well presented and appetising. We saw that people who needed support to eat were provided with individual assistance in a calm and relaxed manner.

We saw that care records included information about the support people needed to meet their nutritional needs. Records we reviewed showed that people were weighed regularly and action taken such as referral to a dietician or speech and language therapist (SALT) if there were any concerns regarding a person's nutritional intake.

The care records we reviewed showed that people had access to external health and social care professionals such as GP's and district nurses. This meant that the service was effective in promoting and protecting the health and well-being of people who used the service.

The layout of the building ensured that people were enabled to walk around independently and safely. A passenger lift was available to enable people to access the first floor bedrooms. There were sufficient numbers of accessible bathrooms and toilets. We saw that adequate equipment was available to promote people's safety and comfort.

## Is the service caring?

### Our findings

We received positive comments about the kindness and attitude of the staff. Comments made to us included, "All the staff are really caring and very kind to me", "I would not leave here as I am so well cared for" and "I get on with the staff who look after me well." Relatives we spoke with told us their family members were well cared for in St James House. One relative commented, "[My relative] is looked after here by great staff who are very caring and considerate."

All the people we spoke with who used the service told us staff were always respectful and listened to them. During the inspection we observed warm and friendly interactions between staff and people who used the service. We saw that staff knocked and waited for an answer before entering bathrooms, toilets and people's bedrooms. This was to ensure people had their privacy and dignity respected.

When we looked at the minutes from the most recent resident meeting in January 2016 we noted that people had provided positive feedback regarding staff, including those staff who had been newly appointed. One person had commented, "The staff here are wonderful; I know things need updating but the care is really good."

We saw that a number of relatives visited the service during the inspection. We observed that all visitors were made welcome by staff. Relatives we spoke with confirmed they were able to visit without any restrictions.

Our conversations with staff showed they had a good understanding of the needs of people who used the service. Staff demonstrated a commitment to providing high quality compassionate care. One staff member told us, "I always look after people as I would like my mum to be cared for."

We asked staff how they promoted the independence of people who used the service. They told us they would always encourage people to do as much as they could for themselves; this was confirmed by all the people we spoke with during the inspection. Staff also told us they recognised the importance of providing person centred care. One staff member told us, "It's not about the service, it's about the individual. It's their home, not our place of work. It's about what each person's needs are and how we meet them."

Care records we reviewed contained information about people's family history and their likes and dislikes. We noted that care plans which had been completed by the manager using their new format were very detailed about people's wishes and preferences regarding how staff should provide the support they needed.

We saw that care records included some information about the care people wanted to receive at the end of their life. The manager told us they were in the process of updating care records to include more details about people's end of life wishes. We looked at one person's care record where this information had been updated. We saw that the person's wishes and preferences regarding the care they would wish to receive at the end of their life were clearly documented. This information also included detail about the treatment they

would not wish to receive.

We noted that all care records were stored securely; this helped to ensure that the confidentiality of people who used the service was maintained.

## Is the service responsive?

### Our findings

We asked the manager to tell us how they ensured people received care and treatment that met their individual needs. The manager told us that they always completed an assessment of the support people required before they were admitted to the home. This should help to ensure staff were able to meet people's needs.

People told us that staff responded well to their needs. Comments made included, "This place has been so good for me and I am so much better in every way" and "I had a bad illness and came in here about seven years ago. I weighed six stone when I came in and they [staff] have certainly built me up."

Care plans we reviewed addressed all areas of people's lives including physical health, nutrition, medication, communication and family involvement. We saw that care plans included the goals people wished to achieve and encouraged staff to promote people's independence as much as possible. Care plans had been reviewed each month and updated to reflect any changes in people's needs.

Records we reviewed showed that people were involved in the development and review of their care plan. We looked at the care records for one person which the manager had written using a new more detailed format which they intended to introduce throughout the service. We saw that these care records were extremely detailed and provided clear information for staff about how the person concerned wanted their support needs to be met. This person confirmed that they had been fully involved in the development of their care plan and had decided what information they wanted to be included in the plan. The manager told us they intended to introduce a three month case review meeting to involve families of people who used the service as appropriate.

We noted that a timetable of activities was on display on the notice board in the communal area of the home; activities included exercise sessions, board games and hand massage. On the day of the inspection a fitness instructor delivered one of the twice weekly exercise sessions designed specifically to meet the needs of older people. We saw that people clearly enjoyed participating in the session and the instructor had an excellent rapport with everyone in the home.

We saw that a committee meeting was planned to discuss the range of activities provided in the service. This committee included managers, staff and people who used the service; this meant people had the opportunity to influence the way the service was run. The manager told us that in addition to providing 'in house' activities, they were continuing to develop links with the local community including schools and churches to help people remain in touch with the local area. We saw that minutes from the resident meeting also encouraged people to ask for staff support, if required, should they wish to continue with their previous routines such as going out for lunch or to the pub.

We looked at the way complaints were managed in the service. We found there was a complaints policy and procedure in place; this had been discussed at the resident meeting in January 2016 when people were encouraged to provide any feedback they had about St James House. A suggestion box was in place should

people wish to use this to provide feedback.

We saw there was a system for logging any complaints received at the service and detailing how the complaint had been investigated and responded to. We noted there had been no complaints received at the service since March 2015. The most recent complaint referred to the management of medicines in the service. We noted that this had been appropriately investigated and a response sent to the complainant advising them of the outcome of the investigation.

All the people we spoke with told us they would feel able to approach the manager or the owner, who attended the service on a regular basis, with any concerns and were confident they would be listened to. One person told us, "I feel the managers would definitely sort things out if I had any problems but I like everything here." A visitor told us that the managers in the service had been proactive in sorting out a problem with their family member's medicines when they were admitted to the service.

We saw that newsletters were produced on a regular basis by the service; there were separate newsletters for people who used the service and for staff. We saw that the newsletter produced for people who used the service included a 'You asked, we did' section. The most recent newsletter showed that suggestions made by people who used the service regarding booking a particular entertainer and having a choice in the colour of wallpaper used in individual bedrooms had both been acted upon. This demonstrated that the managers and provider listened to the views and opinions of people who used the service.

## Is the service well-led?

### Our findings

The service did not have a registered manager in place at the time of this inspection. A new manager had been appointed to work at the service in November 2015. They had submitted an application to register with CQC as manager at St James House and were waiting for this application to be processed. They had previous experience in managing residential care services. The manager was supported in the day to day running of the service by a deputy manager who was appointed to work in the service in October 2015 and the provider who visited the service on a daily basis.

During our inspection our checks confirmed that the provider was meeting the requirement to display their most recent CQC rating.

Services which are registered are required to notify the Care Quality Commission of any incidents that happen, for example, safeguarding and serious injury. We checked our records and saw that the provider for this service had done this appropriately when required.

People who used the service told us they could talk to the managers and staff in the service. One person told us they had not yet got to know the manager but they did not raise any concerns about the way the service was led. All the relatives we spoke with told us they found the managers in the service to be approachable.

Records we reviewed showed that a meeting had been held between the new managers and people living in St James House in January 2016. This meeting was used to introduce the managers and explain their vision for the service. The managers were also transparent regarding the concerns identified by CQC and the action they had taken to ensure required improvements were made.

We saw that the manager intended to introduce a health and safety committee to ensure the service was safe and well-maintained. The minutes of the residents meeting showed that one person who used the service had volunteered to be part of this committee due to their previous work experience; this involvement was welcomed by the managers in the service and gave an opportunity for people to be involved in the running of the home.

Staff we spoke with told us they considered the manager and deputy manager had made significant improvements to the running of the service since their appointments. One staff member commented, "The new manager has made improvements in the home. Things are now much more organised." This view was confirmed by another staff member who told us, "The new managers have made a positive change for the better. There is now much more structure to the home."

Staff told us they enjoyed working in the service and found both the managers and the provider to be approachable and supportive. One staff member commented, "The managers are approachable and I get on well with [name of provider]. I know I can come in and ask them for advice at any time."

We saw that the manager had held a full staff meeting when they started work at the service. Records we

reviewed showed that this meeting had been used to advise staff of the improvements required to meet CQC regulations and the expectations the manager had of all staff. Staff we spoke with told us they would be attending the next staff meeting which was due to be held several days following our inspection. They told us they knew that they were able to suggest agenda items to be discussed at this meeting.

The manager told us that they and the deputy manager had attended the service at different times, outside of their normal working hours. This was to get to know staff and to check that standards were being maintained. They told us they had not routinely recorded these checks but would introduce a form to do so.

Since their appointment the manager had introduced a new system of quality audits in the service. Our review of records showed that regular checks were undertaken on all aspects of the running of the home such as infection control, health and safety, medication, and care plans. We saw that where improvements were needed action was identified, along with a timescale for completion.

We saw that a quality assurance survey had been carried out by the provider in September 2015. Questionnaires had been sent out to a people who lived at the home and their relatives. We saw that most of the respondents rated the care provided in St James House as good or excellent. A relative commented, "I am confident that [my relative] is well looked after and cared for." We saw that action had been taken to address the minor negative comments made by respondents to the survey. This demonstrated that there was a commitment to using feedback from people to drive forward improvements in the service.