

Saint Jude Residential Care Home Limited

Saint Jude Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Saint Jude Care Home is a residential care home providing personal care to 15 people aged 65 and over at the time of the inspection, including people living with dementia. The service can support up to 22 people. The service is a domestic style property and accommodation is over three floors.

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

There had been improvements in the home since the last inspection. Accidents and incidents were recorded, and appropriate actions were taken to ensure people were safe. We could see reviews of these incidents had been implemented since the last inspection. However, further improvement was needed to ensure patterns, trends and themes were identified and effectively used to improve the safety of the service. We made a recommendation about this.

Risks to people were assessed and appropriate plans were in place to keep people safe. Risk plans provided staff with more detailed guidance on how to support people safely. However, further improvements were needed to ensure all plans were person-centred and reflected individual needs.

Recruitment procedures had improved, and staff were recruited safely. There were enough staff to meet people's needs. Staff told us things had improved at the home. Staff were positive about the support they received from the registered manager, and from the provider. Staff told us they felt there was more responsive action taken by management when they raised concerns.

Infection control procedures had improved. Staff wore appropriate personal protective equipment (PPE) and the home was clean throughout. Visiting was safe and followed current guidance.

Medicines were managed safely. Improvements had been made to ensure staff had appropriate competency checks to administer medicines safely.

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.

Governance processes had improved. Audits were completed and identified concerns at the home. Action plans were in place to improve the quality and safety of the service based on these audits.

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 inadequate (published 10th December 2021). 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.

This service was placed in special measures after the last inspection. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We undertook this focused inspection to check whether the Warning Notices we previously served in relation to Regulation 12 (Safe care and treatment), Regulation 17 (Good governance), Regulation 18 (Staffing) and Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Saint Jude Care Home' on our website at www.cqc.org.uk.

We looked at infection prevention and control measures under the Safe key question. 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 COVID-19 and other infection outbreaks effectively.

Recommendations

We have made a recommendation about the analysis of incidents.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Saint Jude Care Home

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.

This was a focused inspection to check whether the provider had met the requirements of the Warning Notices in relation to Regulation 12 (Safe care and treatment), Regulation 17 (Good governance), Regulation 18 (Staffing) and Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Saint Jude Care Home 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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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 all of this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with three people who use the service and four relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, senior care workers, care workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records, and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 inadequate. At this inspection this key question has now changed to requires improvement. This meant some aspects of the service were not always safe. Whilst there had been significant improvements since the last inspection, some further improvements were needed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to ensure risks relating to the health, safety and welfare of people were assessed, monitored and mitigated. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation. However, some further improvements were needed.

- Analysis of incidents was not completed thoroughly. Although monthly reviews of incidents had been put in place since the last inspection, these reviews did not fully identify patterns, trends or themes. Opportunities to improve the safety of the service were sometimes missed.

We recommend the provider seeks further guidance on effective accident and incident analysis to ensure lessons are learned and shared with staff.

- Risks to people were identified and plans were in place to minimise those risks. There had been improvements in the recording of information to guide staff and protect people from harm. However, some plans needed further work to ensure they were person-centred and reflected individual needs fully.
- Risk assessments and plans were reviewed regularly. However, some reviews did not reflect people's current needs. One person had been referred for an urgent swallowing assessment due to increased risk of choking, but the plan had not been updated to reflect this and guide staff on any measures to reduce the risk. The registered manager updated this plan during our inspection.
- Risks within the environment were considered and assessed. Since the last inspection, the provider had consulted appropriate professionals to ensure the building was safe.
- Plans were in place to ensure people's needs would continue to be met in the event of an emergency.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

At our last inspection the provider had failed to ensure safe recruitment processes were followed. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation.

- Recruitment processes had improved since our last inspection and were safe.

At our last inspection the provider had failed to ensure there were enough suitably qualified, skilled, and experienced staff to meet people's needs. This was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation.

- There were enough suitably qualified staff to support people. Since the last inspection the provider had reviewed staffing levels and increased staffing appropriately.
- The registered manager used a dependency tool to continually assess people's needs and ensure staffing levels were safe.
- The provider and registered manager completed extra checks to ensure people's needs were being met.

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.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation.

- Medicines were safely managed, stored and administered.
- Staff with responsibilities for managing medicines had completed the relevant training and underwent competency checks.
- Controlled drugs were stored securely.

Preventing and controlling infection

At our last inspection the provider had failed to ensure safe infection control procedures were in place. This

was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation.

- Measures to reduce the risks of the spread of infection had improved since the last inspection. The home was clean throughout and cleaning schedules reflected best practice guidance.
- The infection prevention and control policy was up to date.
- Visits were taking place in line with national guidance. Appropriate measures were in place to prevent visitors from catching and spreading infections.

Systems and processes to safeguard people from the risk of abuse

- Staff told us they completed safeguarding and knew what actions to take if they needed to.
- People and their relatives told us they were safe at the home. Comments included, "Staff are excellent. They [staff] respect my wishes. [Registered manager] has improved things; its better organised now", and "The care is excellent. The staff are good. The place is spotless and there have been improvements since the registered manager came".

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 inadequate. At this inspection this key question has changed to requires improvement. This meant the service management and leadership was inconsistent. Significant improvements had been made since the last inspection, but further improvements were needed to ensure a consistent level of safe, high quality care.

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

At our last inspection the provider had failed to ensure systems and processes were in place to monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation.

- Records relating to care and treatment had improved. However, further improvements were needed to ensure they were always accurate and complete. We found a couple of examples where records did not reflect people's current needs as they had not been updated in a timely way. These issues were addressed during the inspection.
- Opportunities to drive continuous improvement in the safety of the service were sometimes missed. This was discussed with the provider during the inspection and they agreed to address this immediately.
- Systems and processes to assess and monitor the safety and quality of the service had improved. Audits and checks were completed regularly and identified most areas of concern.
- Checks on the safety of the building were completed regularly. Since the last inspection the provider had made necessary improvements to the building to improve safety.
- Policies and procedures were in place to guide staff in supporting people safely. Since the last inspection, the provider had invested in an online system to ensure policies were regularly reviewed and updated.
- The registered manager was aware of what events they needed to notify CQC about. They had submitted notifications in line with legal requirements and displayed the rating of the last inspection.

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

- The culture in the home was caring and staff focused on providing care which met people's needs. It was clear that staff knew people well and had developed kind caring relationships with them.
- People were positive about the care they received, and relatives also confirmed that they felt the care was good. One person told us, "The staff are always nice. I can make my own choices about what I do and eat."

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

- Staff told us the culture at the home had improved since the last inspection. Staff felt more supported in their roles and felt management listened to their feedback.
- People and relatives told us the registered manager, and staff in general, were approachable and communicated well. Comments included, "I'm happy to raise concerns if I need to. [The registered manager] is doing a good job. She's [registered manager] absolutely brilliant and very caring and considerate", and "They're [registered manager and provider] very open about issues and what's being done to address them".
- People and their loved ones were appropriately involved in making decisions about their care.
- Managers and staff understood their legal responsibility to be open and honest with people.

Working in partnership with others

- The registered manager and provider worked in partnership with district nurses, GP's and local authority representatives to ensure the service people received was person centred.
- Healthcare professionals told us the service promoted people's wellbeing and made timely referrals. One professional commented, "They're [staff] are on the ball. People are well looked after. Staff know them really well".