Mr & Mrs J Cahill

St Judes

Inspection report

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Tel: 02476467698

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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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 30 January 2017 and was unannounced. St Judes provides care and accommodation for up to 27 older people. At the time of our visit there were 24 people living in the home.

During our last inspection on 5 and 6 May 2015, the provider was not fully meeting the standards required. This applied to the standards related to "Safe" and "Well Led". We found medicines were not managed safely, and quality monitoring was not effective in identifying areas needing improvement. This meant we allocated an overall rating of "Requires Improvement". We asked the provider to take action to make the necessary improvements. We found action had been taken to make some of the improvements required, but further action was required to ensure people consistently a high standard of care.

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living at St Judes and felt at ease to raise any concerns with staff if they needed to. People were protected from the risk of abuse because staff had attended training in safeguarding people and understood the provider's policies and procedures for raising concerns.

The provider's recruitment process ensured risks to people's safety were minimised. Records showed new staff underwent an application and interview process so the registered manager could check their skills and experience. Staff were required to complete induction training when they started at the home and completed ongoing essential training to maintain their skills.

There were sufficient numbers of staff to support people's needs and people told us staff were available when they needed them. People were very positive about their experiences of the care they received and of the staff that supported them. We saw staff were caring in their approach to people and ensured people's privacy and dignity was maintained. Staff responded promptly to any requests people made and always acknowledged people when they walked past them.

The processes to manage medicines had been reviewed to ensure people received their medicines as prescribed. Medicine records were regularly checked to identify any errors to ensure medicines were managed safely. However, staff competencies were not regularly checked to make sure they followed good practice when administering medicines.

The registered manager had some understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). They reported that all people in the home had some capacity and were able to make day to day decisions. They had therefore not needed to make any DoLS applications in regards to any restrictions placed on people's care. Most staff understood they needed to gain people's consent before

delivering care. MCA training was planned for those staff who had not completed this or were unclear of their responsibilities.

People were assessed to identify any risks associated with their care and staff were aware of these risks and supported people to minimise them. People had care plans detailing how they liked to spend their day which included information about their wishes and preferences when staff provided support or care. Sometimes people's care plans did not detail clear instructions to staff to ensure a consistent approach to their care.

Most people said they were not aware they had a care plan and did not feel involved in planning their care. However, people told us they were satisfied with the care they received and we saw care plans were person centred and described how people liked to receive their care and support throughout the day.

People were provided with choices of nutritious food that met their needs and told us they had enough to drink during the day. Where necessary, people were supported to eat their meals. Social activities were provided with the support of an activity organiser. Most of these were in accordance with people's interests and choices but these were subject to review to ensure they were person centred and people continued to enjoy them.

There had been no complaints received by the service and people told us they had no reason to complain. People said the registered manager was approachable if they had any concerns they wished to raise.

The registered manager was committed to the ongoing improvement of the home. They acknowledged there were some improvements needed to care records. This was so they were sufficiently clear to demonstrate actions required or carried out by staff to meet people's needs.
A system to implement regular staff supervisions and appraisals was in the process of being fully implemented.

There was clear leadership within the home and management support seven days per week. In addition to a registered manager, there was a deputy manager so that staff had the support they needed to effectively meet people's needs. The provider carried out regular checks on the quality of care and services provided to identify any areas needing improvement. These checks included weekly visits to the home as well as undertaking quality satisfaction surveys with people, their representatives and staff. We saw responses from people and their representatives were very positive.

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.
People said they felt safe at the home and staff understood how to recognise any potential abuse. There were sufficient numbers of staff to support people's needs and manage their care.
Potential risks to people's health were assessed and staff knew about risks to ensure people were supported safely.
People were given their medicines when required and medicine records were subject to ongoing review to ensure any errors were promptly identified and addressed.

Is the service effective?

Good

The service was effective.

Staff had access to ongoing training to ensure they had the skills and knowledge required to meet people's needs. Training in relation to the Mental Capacity Act was ongoing to ensure all staff fully understood the principles of this. People did not feel restricted in what they could do within the home.

People were provided with a choice of meals that were nutritious and told us they had enough to drink each day. Support was provided to people who needed help to eat. Health professionals were involved in people's care where needed.

Is the service caring?

Good

The service was caring.

People were complimentary of the staff and felt they were kind, caring and supportive. Staff were knowledgeable of the people they cared for and recognised the importance of maintaining people's independence to promote their wellbeing. Staff understood the importance of maintaining people's privacy and dignity and we saw this happened during our visit.

Is the service responsive?

Good

The service was responsive.

People were involved in planning some elements of their care to

ensure care provided was in accordance with their choice. People had person centred care plans that showed how they wished to be supported during the day. Arrangements were in place to support some people with their interests and there were social activities provided regularly that people enjoyed. There had been no complaints received about the service.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

There was a registered manager in post and people, relatives and staff told us the home was well managed. All staff understood their roles and responsibilities and were positive about working at the home. There were some improvements identified in regards to implementing systems to monitor staff competence and ensuring there were clear care records in place. The provider carried out weekly quality checks to help drive improvement within the home.

St Judes

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 was an unannounced inspection carried out by one inspector and an expert by experience on 30 January 2017. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service. We checked the information in the provider's information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at information received from other agencies involved in people's care. We also looked at the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We spoke with the local authority who told us there were no current concerns relating to this service.

During the inspection we spoke with five people, three visitors (including a district nurse) and three staff plus the registered manager. We also carried out observations within the service to see how people were supported.

We looked at two people's care records to see how they were cared for and supported. We looked at other records related to people's care including the provider's quality monitoring audits, staff recruitment records and information about medicine management. We checked the process for recording and reporting incidents and accidents at the home.

Good

Is the service safe?

Our findings

During our last inspection we found improvements were needed to medicine management. People were not protected from the risks associated with inappropriate management of medicines. We found during this inspection the necessary actions had been taken to make the improvements required.

People told us they received their medicines when they needed them. They said if they were in pain and requested pain relief, this was provided. People said staff knew when they had reached their limit of pain relief medicine as they were told when they could not have any more. One person told us, "I have quite a lot of medication about four times a day. They seem to come regularly. I have a lot of pain for my arthritis; they can only give me so much." This demonstrated staff understood the safe use of medicines prescribed PRN (as required). The registered manager told us people's pain relief was closely monitored by the GP. Sometimes PRN medicines were prescribed for "breakthrough" pain in addition to other pain relief medicines prescribed for people. Regular reviews of medicines were carried out to make sure people's pain was managed.

Each person had their own medicine administration record (MAR) and this contained their photograph to minimise the risk of medicines being given to the wrong person. We saw the person administering the medicines followed good practice by waiting for people to swallow their medicines before signing records to confirm this. However, people told us this did not always happen. People told us, "I take two tablets at night; they don't wait while I take them" and "I have tablets three times a day; the staff give them to me. Sometimes they just leave the tablets for me to take, they trust me." This is not considered to be good practice as staff cannot assure themselves the person has taken them.

Medicine records were checked by the registered manager on a regular basis so they could identify any errors and ensure these did not impact negatively on people. Records showed staff were required to keep daily counts of medicines given so that any errors in medicine administration could be promptly identified.

Where people had problems with swallowing tablets or capsules, action had been taken to alert the GP and liquid medicines had been prescribed. At the time of our inspection, medicines were provided to people at the times they expected. However, there was one medicine that had been prescribed "two to four" times a day but it was not being given to this frequency. The registered manager explained there had been changes in the person's health condition and they no longer needed this medicine to the frequency prescribed. However, this had not been communicated to the GP to enable them to agree the changes. The registered manager stated they would speak with the GP as soon as possible so that the changes could be made.

The registered manager told us all staff who administered medicines had received training to ensure they were competent to administer medicines safely.

People told us they felt safe living at St Judes because of the support they received from the staff. People commented, "I do feel safe; the girls make me feel safe" and, "I'm very happy here, very safe. It's the way I'm cared for."

Staff had completed training in safeguarding people and explained how they were able to recognise the signs of abuse. Staff understood their responsibilities for keeping people safe and told us if they suspected abuse, or had any concerns about people coming to harm, they would report it to the registered manager. The registered manager was aware of the local authority safeguarding procedure, and the referral process, in the event of any allegations received to make sure people were kept safe.

The provider's recruitment process ensured risks to people's safety were minimised. Records showed new staff underwent an application and interview process so the registered manager could check their skills and experience. References were obtained from their previous employers and checks made to see whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions. Staff told us they were not allowed to start work until recruitment checks had been completed.

People, staff and relatives all said there were enough staff to meet people's needs and staff were available when they needed them. People told us, "There is plenty of staff here, you can have a good laugh with them" and, "Yes, I do (think there is enough staff), I can have a joke with them." A relative told us, "There are always carers around if you need them."

The registered manager told us in the Provider Information Return (PIR) "We staff to the needs of the home and our staff hours may vary to suit the needs of the home. If more residents require help from two carers then we need more staff on duty, particularly at peak times." We observed there were sufficient care staff to provide the support people needed to keep them safe.

Staff said there were times of the day when it was busy but we saw this had not impacted on meeting people's needs. Some people said there was the odd occasion when they had waited for support, but this was usually not more than 15 minutes.

Staff had a good knowledge of risks associated with people's care and explained actions they took to keep people safe. For example, one person needed to be repositioned in bed regularly and experienced a lot of pain if placed on their left side. Staff knew they needed to avoid placing this person on that side where possible, and records confirmed this happened. We saw people at risk of falling were prompted to use their walking aids. Those people at risk of developing sore areas on their skin were seated on pressure relief cushions and when people moved to the dining area, staff moved the cushions with the person.

Staff had completed fire training and knew what action to take to keep people safe in the event of a fire until the emergency services arrived. The registered manager told us people who needed support to evacuate the home had personal evacuation plans which were kept on their care files. There was also a plan for the emergency services kept near the fire exit.

There was an accident and incident record and staff had completed the relevant forms when they had occurred. Records showed the emergency services were contacted where there were concerns the person may have a serious injury. The registered manager told us when people were involved in accidents, the risk assessments in their care plans were reviewed and this information was shared with staff. Staff told us they learned about any concerns or changes in people's care at handover meetings at the beginning of each shift. We saw records were kept of these meetings so all staff could access them if needed.

Good

Is the service effective?

Our findings

People felt that staff had the necessary skills to support them safely and were happy with the care they received. One person told us, "I think they are very good actually." Another told us, "I think they are very good, on the whole yes, never felt they didn't (know what they were doing)."

Staff had access to training considered essential to help them achieve the skills and competences they needed to care for people safely. New staff had an induction that involved reading the policies and procedures of the home so they understood what was required of them. They also shadowed (worked alongside) more experienced staff over a two week period so they could get to know people and how they needed to be supported. New staff told us they had completed "manual handling" training as part of their induction so they knew how to transfer people safely.

Staff told us they felt supported in their roles and were given opportunities to further develop their skills through the training provided. The registered manager told us staff were up-to-date with their training and a meeting had been arranged with staff to further discuss training needs. We looked at the training matrix where the registered manager had recorded all the training staff had completed. This showed the majority of staff were up-to-date with their training, but some were due to complete refresher training such as infection control and food hygiene.

Throughout the day we observed staff putting into practice what they had learned from their training. For example, when a staff member assisted a person to eat in bed, they made sure the person was sat up in a comfortable position to prevent the risk of them choking. When they supported people with personal care, they wore gloves to maintain good hygiene practices and reduce the risk of cross infection. We saw staff safely assisted people from chairs to wheelchairs and staff talked through what was going to happen when they transferred people so they did not feel anxious.

There were some staff who had attended supervision meetings so issues such as staff development, training and any concerns could be discussed and addressed as required. The registered manager planned to implement a more formal and regular staff supervision and appraisal process during coming months. The registered manager said she carried out regular observations of staff to ensure they worked in a safe and effective manner. One staff member told us they had regular staff meetings where they could discuss training needs and they confirmed they had been observed during their work to check they were following the provider's procedures. They told us, "I was using a hoist and 'standaid' (equipment to support people to transfer) about a month ago. We get feedback, we get to read the observation and sign and date it." Staff said they felt supported in their roles and at ease to approach the registered manager if there was anything they needed support with.

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 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. We checked whether the service was working within the principles of the MCA.

Staff understood the importance of gaining people's consent before delivering care but they did not always carry this out in practice. People told us sometimes staff asked for consent before giving care and other times did not. One person told us, "They are very good, I can't complain about their care. They ask if it's ok first." Another told us, "They don't ask permission, they just come in and do what's needed." The registered manager told us staff knew people well and some people did not like to be asked questions repeatedly. However, they said they would monitor this. The registered manager told us MCA and DoLS training had been planned for staff to help increase their knowledge and understanding of this.

The registered manager understood their responsibilities in regards to the MCA and DoLS. They told us all people in the home had some level of capacity. They knew about the referral process should they need to apply for any DoLS authorisations. They told us about plans to develop staff knowledge of DoLS so they could identify when DoLS authorisations may be required. People told us they did not feel restrictions were placed on them in any way. One person told us, "I'm not restricted at all." Another told us, "No, I'm not restricted but I can't walk, so I'm limited."

People said the food was good and they always had a choice of meals and enough to drink during the day. During our visit we saw the cook walked around the home to ask people's choices for lunch during the morning. People had the option of two choices. The cook asked people after lunch what they would like to eat for their tea. The cook understood the importance of asking people about their choices each day so they could have what they felt like on the day. This also helped people to remember what meals they had requested. One person told us, "The food is very good, its fish pie today. I'm having sausages instead. I always get what I order." A second person told us, "The food is very good. If you want something else, you can. I haven't yet. They asked me what I wanted. I'm happy with the fish pie."

We saw drinks were served at set times during the day and people told us they had enough to drink. Sometimes choices of drinks were not offered but we were told this was because staff knew people very well and what they liked. Staff explained that people's drink preferences were on a list kept in the kitchen which helped them to ensure people had drinks prepared how they preferred. They told us people were able to communicate their choices if they wished to have something different. There was a water fountain where people and visitors could help themselves to a drink if they wished.

Lunchtime was upbeat with music of people's choice played in the background. People were talking amongst themselves at the tables and it was clearly a social part of the day. Where people needed support to eat, this was provided. Staff asked people if they wanted food items cut up on their plate when they knew the person would find this difficult. We saw the meals looked appetising and people seemed to enjoy them. Some people chose to have an alcoholic drink with their meal such as sherry.

When staff had concerns in relation to people not eating or drinking enough, these concerns had been reported to health professionals. Advice given by health professionals such as speech and language therapists (SALT) was recorded in care plans. There was one person who required their food to be pureed and their drinks thickened with a thickening agent to aid their swallowing. We observed this was being done which demonstrated staff knew about the advice and followed it. Staff kept records of what people ate and drank on a daily basis so they could monitor these to identify any concerns. We noted sometimes records were not clearly completed to show people had received sufficient to eat and drink. We mentioned this to the registered manager who assured us they would take immediate action to ensure the records were

completed accurately.

People told us they had access to health professionals such as GP's, physiotherapists and chiropodists when they needed them and staff were prompt in organising appointments. One person told us, "The doctor came when I had a chest infection, they organised it. The chiropodist comes every six weeks. Not seen an optician. The dentist came to take impressions of my dentures." Another told us, "I only see a doctor when needed, they arrange it. The chiropodist comes every five to six weeks. I had an eye test recently."

We spoke with a visiting health professional who told us staff were prompt to contact them if there was a problem.

Good

Is the service caring?

Our findings

We asked people if staff were caring. They commented, "They are all very nice; they put their head round the door when they go past" and, "I find them fine. If you want help, they are there for you. I find them all very friendly." A relative told us, "The staff always seem very nice."

The Provider Information Return completed prior to our visit by the registered manager told us, "We communicate with our residents and listen to them. We encourage them to say how they would like their care and provision to be delivered. We address them respectfully and how they wish to be addressed." We saw this happened.

Staff supported people in a caring and kind manner. They were knowledgeable of the people they cared for and recognised the importance of maintaining people's independence. For example, one person had limited vision and was not able to see their meals clearly. A staff member told the person when their plate was in front of them and explained to them what was on their plate to help them eat independently.

We saw when the cook walked around to ask people about their choice of evening meal, a person asked them for a footstool. The cook immediately collected a footstool for the person and made sure the person was comfortable and ensured their walking frame was still within their reach. The person was grateful for the stool. Staff were aware that one person did not like the sound of chairs moving across the wooden flooring. We saw staff quietly moved the chairs so the person did not become unsettled. These practices demonstrated staff listened to people and acted upon their requests.

Staff told us how important it was to treat people as individuals and share information of interest with them such as the weather and family events. The registered manager told us about one person who was to become a great grandparent. This had generated lots of discussion between staff and the person about the happy event.

We asked staff what made them a caring person. One staff member told us, "I speak to them like an everyday person. If they are hard of hearing I go down to their ears to speak. I am just a naturally caring person …I do listen and if I can do anything to help, I will. I speak to them like they are my nan and grandad." Another staff member spoke positively of the home and said it was a caring environment for people. They told us, "Its clean, we work together as a team and the staff are always friendly. We have a good set of residents, it's just like one big family really."

People were supported to maintain relationships important to them and we saw family members were welcomed to the home when they visited people throughout the day. The registered manager told us several people in the home had their own telephones so they could keep in touch with their family when they wished. One relative told us, "They are very patient with [Person]. [Person] loves it here, they wouldn't go back home."

People told us their privacy and dignity was maintained when providing personal care. One person said,

"They always cover me when I get in and out of the bath. No concerns about the staff." A relative told us, "[Person] would say if she didn't like it. [Person] took her top off and lay on the bed. A carer came in and quickly covered her up." This demonstrated staff knew the importance of maintaining people's privacy and dignity. We did not identify any concerns in how this was maintained during our visit and when we spoke with staff, it was clear they were aware of their responsibilities in relation to this. One staff member explained how they provided personal care. They told us, "I shut the door, close the blinds, if washing them, put a towel covering their bottom half. Get them dressed on the top so they only have to stand up once."

Good

Is the service responsive?

Our findings

People told us staff were responsive to their needs and delivered their care in accordance with their individual preferences. People felt their care needs were met and did not feel restricted in what they could do. They said staff usually carried out their requests and answered the call bells when they needed assistance. People told us, "Mostly quite prompt in answering my bell. They (staff) take quarter of an hour sometimes" and, "I have fallen over a couple of times, I get attention in minutes." One person told us how they had not been able to read due to needing new glasses. Staff had organised new glasses for them as soon as the problem was identified.

We saw staff took prompt action when one person said they were in a lot of discomfort and pain. The person showed signs of anxiety, and in response, a member of care staff organised for the person to be given pain relief and took the person to their room to rest. They also contacted the GP to arrange a visit.

The Provider Information Return (PIR) completed by the registered manager prior to our inspection stated, "Each resident and representative, if requested, are involved in the planning of their care from before moving in and on-going throughout their stay. It is their experience and their views that are very important to us." When we spoke with people, most said they were not aware they had a care plan and did not feel involved in planning their care. However, when we looked at care plans it was clear people had been involved in decisions about how their care was provided.

The registered manager told us people's needs and preferences were assessed before they came to live at the home to make sure they could be met. We saw the detailed assessments that had been completed within people's care files. Some of the information collected from people had been used to develop a "support plan" for them which detailed their preferred daily routines and wishes.

People's care plans were person centred and described how people liked to receive care throughout the day. They included information such as what times people liked to get up each day. We noted people got up at varying times during the morning in accordance with their preferences. Most people chose to have their breakfast in the dining room. One person told us how they particularly liked to have two cups of tea at breakfast time and this was always provided.

Care plans contained information about people's work history and family members. Staff used this information to talk with people and support them in ways they preferred. Staff told us they had some time to read care plans and talk with people. People told us staff occasionally spent time with them. One person told us, "I can do what I prefer. They chat with me a little, not a lot." Another told us, "Occasionally they sit and chat with me."

Relatives said staff communication with them was good and they were kept informed about any issues of concern. One relative told us, "I speak to a number of them (staff). They always keep me updated. Just now they mentioned preventing a bed sore. [Person] is always immaculate. I don't have to tell them anything. Any concerns they ring me and tell me. [Person] has really settled here." They went on to tell us the person

had not been eating in their previous home, but this had changed since they had lived at St Judes. They told us, "Now [Person] is eating and putting on weight and sleeping better." They felt their family member's needs were met.

People told us they were supported to maintain their independence. They said they could do what they wanted during the day, and could get up and go to bed when they wanted. Comments included "I always stay in my room. There are activities, singing and exercises. They ask me but I say 'no'." and "I have my radio and TV, I am quite satisfied with that." One person told us, "I go to bed about 8.30pm; it's when I want to. They usually come in to my room when I've buzzed. They come very quickly, mostly. I can do what I want here."

People were able to take part in a range of social activities in the home. There was a part time activity co-ordinator in post who planned activities with people's interests in mind although not everyone felt they had been asked about their preferences. One person told us, "We do group exercises today and crosswords. They don't ask what I'd like to do, it's set out." Despite this, people said they were satisfied with the activities provided. One person told us, "She (activities co-ordinator) does things four times a week. I like the quiz." Another told us, "There is plenty going on for me. We had the church service here today." Activities on the day of our visit included, completing a crossword with people involved in providing the answers and armchair exercises. We saw some people chose to take part and others chose to watch or remain in their rooms. There was an activity schedule on display showing those planned for the week, but the registered manager told us this was subject to change if people wanted to do something different.

Some people were supported to go out of the home to help maintain some of their independence and interests. For example, one person wanted to attend their preferred places of worship on a regular basis. Arrangements had been made for them to do this with the support of volunteers. Another person told us they were able to go out independently and were supported to do so by using the 'Ring and Ride' transport service. A relative told us, "There's always something every day, keep fit, singing. They took them out for a meal at Christmas, those who could go".

Staff knew about people's specific needs and preferences and told us information they needed to know about people was discussed at a handover meeting held at the beginning of each shift. They gave an example of one person who was cared for in bed due to their ill health, but who had made requests to sit out of bed sometimes. Arrangements had been made to obtain personal equipment to move the person safely so they could do this. We saw staff were observant of people in the communal areas and were readily available to meet any requests they made such as being supported to return to their rooms.

People told us they knew how to raise concerns and would speak with the registered manager if they needed to. People told us they had no complaints about the service. The registered manager told us she had not received any complaints from people, visitors or relatives. People commented, "Never needed to complain", and "I haven't complained, no reason to". A relative told us, "No, no concerns at all."

The PIR stated, "Our residents are aware of our complaints procedure and who to complain to. We tend to avoid formal complaints by encouraging our residents to communicate how they would like things and respond to their needs rather than allow anything that's not quite right for them to escalate and become a complaint. Any time a resident wishes to discuss an issue, time is made available the same day." There was a complaints process to record and respond to any complaints made. However, the full procedure was not on display to ensure the details people would need to raise a concern were readily available to them. This was addressed during or visit.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection we identified improvements were needed in relation to the audit checks of medicines and also of accidents and incidents that occurred in the home to make sure risks were being identified and managed. Following our last inspection, the registered manager took action to address the improvements required. However, we found some issues in relation to the completion of records continued to need improvement to ensure the quality of care and services provided could be fully demonstrated.

The registered manager submitted the requested Provider Information Return (PIR) as requested prior to our visit. The information in the return informed us about how the service operated and how they provided the required standard of care. What we had been told was mostly reflected in what we found during our visit.

People and relatives were positive in their comments about living at St Judes. One relative commented, "Very warm atmosphere here, friendly and relaxed. It's like a lovely guest house. I have a lot of confidence in them." People had an opportunity to be involved in the home by attending 'resident' meetings although some people could not recall being asked to attend one. We saw records of meetings held in February 2016 and November 2016 which showed some people had attended. These records showed people were asked for their opinions in relation to issues such as the food and social activities. However, it was not clear from the meeting notes that specific requests made by people had been acted upon. One person told us, "We have residents meetings. I asked to go to [Name of place], but it's never happened." We spoke with the registered manager about this and they confirmed that some of the requests had been met. They told us, "Some of the things discussed in the residents meetings have resulted in changes being made." They gave examples such as four people being registered with the "ring and ride" service and commented, "We also purchased a projector and large screen for showing films for those who wanted a change from the large screen television." However, there remained requests people had made that did not appear to have been responded to.

The registered manager told us about community links that had been established to help support people's independence. There were weekly visits made to the home by a local fishmonger and greengrocer where people could make requests of what they would like to order. The registered manager told us people advised the cook during the morning when they would like their fish and how they would like this cooked so it could be prepared according to their preferences. Community links had also been established with a local place of worship, and local school. The registered manager told us sometimes people visited the school to see the choir and sometimes the children from the school visited the home.

Quality satisfaction surveys were used to gain people's views of the home. The PIR told us, "We send out satisfaction surveys to monitor quality assurance. These are sent to the residents, visitors and health professionals who provide a service to the home. We provide enough staff on duty to meet all needs…. We encourage independence and assist where needed." We found this to be the case. People and relatives had completed satisfaction surveys in April 2016 and were asked their opinions of the home and the care provided. An analysis of the results showed the majority of people were "very satisfied" with their experience

of care at St Judes. One area where relatives had commented improvements were needed was the laundry service. The registered manager told us they had recruited an extra domestic member of staff who concentrated on laundry tasks to address this issue. The outcome results from the survey were displayed on the notice board. However, we noted there was no information about the improvements completed in relation to the laundry so that people and relatives were aware of the changes made.

The registered manager had written in the PIR, "Staff, visitors and professionals who come to the home can see and discuss anything they wish to with the manager without having to make an appointment. All views are listened to and acted upon." We saw the registered manager was accessible in the communal areas of the home during the day for people, staff and visitors to approach if needed.

Staff were positive in their views of the home. One staff member told us, "I love this home. It is a caring home and I think the residents are happy." We saw records that confirmed staff were issued with a job description so they were clear on their role and responsibilities within the home. Staff told us they were allocated to one of the three "zones" within the home. During the morning shift it was their responsibility to get people up and support them with personal care within their "zone".

Although the registered manager told us they regularly observed staff working, formal staff competency checks were not regularly completed. When we spoke with people they told us staff did not always watch them take their medicine and sometimes left it with them. This is not considered good practice, but had not been identified in any staff observations. Staff supervision meetings were in the process of being organised so that all staff received this regularly. Staff appraisals had not been carried out, but the registered manager had sent out questionnaires to staff in preparation for these to take place. This was so staff development could be assessed and any actions taken to address their needs.

We noted when reviewing care plan records that people's care needs or problems were not always clearly detailed with specific instructions to staff so they were clear about how to manage them. For example, where the amount of drinks people consumed needed to be monitored, there was no clear target of how much fluid people needed to consume to maintain their health. The registered manager told us people at risk of poor nutrition were closely monitored to ensure they did not lose weight and had enough to eat and drink. The registered manager said care records were in the process of being reviewed to simplify them and ensure they were clear to staff.

Accident and incidents were recorded on forms within a book and were kept in a central location so they were accessible to staff. The registered manager checked the accident and incident records on a monthly basis. This was to identify patterns and trends such as where they had occurred, times and locations. However, it was not clear that actions were identified from the information collected. For example, in one month there was a significant number of accidents in comparison with other months, but it was not clear if this had been identified as a concern or investigated to see if there was any reason for this. The registered manager told us, "We document all actions taken in the care notes and on the risk assessment tools …. We also add to the personal delivery support plans any instruction to the staff in relation to minimising any further accidents."

Safety checks were carried out to make sure the environment was safe for people. These included safety checks of the gas, electricity and electrical appliances. We noted the home was clean and free from any unpleasant odours on the day we visited.

People knew who the registered manager was and felt they were approachable. One person told us, "[Name] is the manager. She asked how I was this morning." Another told us, "The manager is '[Name], she

is very caring. She listens to you." Staff said they felt supported by the registered manager and management team. One staff member said they had attended a staff meeting where they had talked about the policies and procedures of the home and staff had been given an opportunity to raise any issues they had in relation to these. Copies of policies and procedures were kept in the staff office so they had access to them if needed. There was a whistleblowing policy to support staff if they had any concerns they could not raise directly with the registered manager.

The provider visited the home on a weekly basis on different days and times to assess the quality of service provision. In addition to speaking with staff, visitors and people, they also walked around the home and grounds to check areas were safe. The registered manager told us, "They will ask if anything is needed ….. purchase watch batteries, toiletries and sundries for the residents when they request it, they will collect prescriptions. They will ensure that the standards are maintained. There are many benefits, we feel supported and valued and assured that what is needed is provided without delay." This demonstrated the provider took an active interest in the home to make sure people received the quality of care and services they expected so there was a positive culture within the home.