

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 20 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

Although the care and support being provided to people was person centred and staff knew people well, Saint Jude Care Home did not always suitably manage risk.

People were not always safe. Pre-employment checks for new staff were not robust and safe recruitment practices were not always followed. People were sometimes exposed to a risk of harm. There was no overview of accidents and incidents and environmental, health and safety checks and fire checks were not up to date.

Medicines were not always managed in line with good practice. We have made a recommendation about this.

The service was inconsistently led and managed. Assurance and auditing processes were missing or in not place, and those that were, were not always effective and did not adequately mitigate risk to the health and welfare of people living at the service.

Systems and processes for reporting incidents to CQC were not always effective, meaning that we were not always made aware of significant events at the service.

The registered provider began to address our concerns immediately following the inspection, showing they were responsive to making the required improvements, and that the safety and quality of the service was a priority.

People and their relatives spoke positively about the care and support received by staff. The service appeared well maintained and clean. There were enough staff to meet people's care and support needs.

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

Rating at last inspection

The last rating for this service was Good (published 15 December 2017).

Why we inspected

The inspection was prompted in part due to concerns received about staffing, medicines management and governance. A decision was made for us to inspect and examine those concerns.

As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 Care Act 2014.

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 coronavirus and other infection outbreaks effectively.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a manager who had not yet made an application to register with the Care Quality Commission. This means that they (once registered) and the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority 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 prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We also spoke with three members of staff including the manager and the registered providers of the service.

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

After the inspection

Due to the risks of coronavirus, we reviewed paperwork remotely where possible. We spoke with three members of staff by telephone. We also spoke with three relatives to obtain feedback about the care and support received by their family member. We continued to seek clarification from the provider to validate evidence found. We spoke with the local authority to keep them informed of our inspection findings.

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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Recruitment processes were not suitably and consistently applied. Pre-employment checks, such as Disclosure and Barring Service (DBS) and references were not always carried out and completed prior to staff being employed to work at the home. Suitable recruitment processes provide assurances that staff members employed have the required skills and characteristics to work with vulnerable people.

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to ensure safe recruitment of staff. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Shortly after the inspection, the registered provider confirmed that all staff members without a current DBS had been removed from the staff rota pending all checks being completed. The provider also obtained DBS confirmation for all members of staff to provide us with further assurances.
- People confirmed and we saw there were enough numbers of staff on duty to meet people's care and support needs.

Assessing risk, safety monitoring and management

- Risk was not consistently assessed, monitored and managed. Although checks were in place to monitor health and safety in the service, these were not robust. We were advised some checks to keep people safe, such as hot water temperature and mobility equipment checks, were being completed but not being recorded.
- Environmental checks, including fire safety checks had not been completed in line with the service's own policies. This meant people were exposed to risk of avoidable harm.
- Not all people's personal emergency and evacuation plans (PEEPS) contained current information. This is important as PEEPS provide guidance for both staff and the emergency service on how to safely evacuate people from the building in an emergency. The manager told us they were being updated as a matter of priority.
- Appropriate risk assessments were not always in place for people, such as for mobility and risks of coronavirus. This meant staff did not have guidance on how to manage and mitigate any identified risks to people.
- After the inspection, the registered provider sent us a template risk assessment for coronavirus but this was a blank document.

We found no evidence that people had been harmed, however, systems and processes were not consistently implemented to ensure risk related to the health, safety and welfare of people was assessed, monitored and mitigated at all times. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- Although a system was in place to record any incidents or accidents, the recording and oversight of the information was not effective for identifying any trends and help prevent any future risk and reoccurrence.

Using medicines safely

- Medicines were administered by staff who were trained to do so. For people who were prescribed PRN (as and when required) medicines, PRN protocols were not in place to provide staff with guidance for staff on how and when to give this type of medicine.
- Medicines were stored in a locked cabinet. The temperature of the room where the cabinet was located, was not being recorded. This is important, as some medicines may not work as effectively if stored at the incorrect temperature.
- Some people's medicines administration records (MARS) contained records for medicines that was no longer prescribed for the person. This made medicines records confusing to follow. We discussed our findings with the manager and registered provider.

We recommend the registered provider seeks and implements good practice guidance to ensure the safe management of medicines.

Systems and processes to safeguard people from the risk of abuse

- Staff spoken with told us how they were able to recognise and report on safeguarding matters.
- However, the policy on safeguarding was outdated and referred to government guidance which no longer existed. This meant staff were not provided with the most up to date information. We highlighted this to the registered provider who confirmed they would update the policy.

Preventing and controlling infection

- We carried out a visual inspection of areas of the home and found the home was clean and tidy.
- The service had not had any cases of coronavirus. We were assured that the provider was preventing visitors from catching and spreading infections, meeting shielding and social distancing rules and admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely and was accessing testing for people using the service and staff.

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 Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality care.

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

- The service had experienced changes to the management team. There wasn't always a consistent approach to governance processes to ensure sufficient oversight and leadership within the service.
- Although a manager was in post, they had not yet made an application to CQC to become registered.
- Systems and processes did not always operate effectively to prevent harm to people. Appropriate action had not been taken in a timely manner where the potential for harm had occurred.
- Systems in place to assess and monitor the quality and safety of the service were ineffective and had not identified the concerns found at our inspection, such as the lack of recorded fire safety checks, hot water temperature checks, lack of information in care plans, outdated policies and unsafe recruitment practices.
- Systems and processes were ineffective in helping to drive forward improvements and mitigate risk to people.

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to ensure the service was effectively managed. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered provider responded to our concerns proactively. Shortly after the inspection, they compiled a plan detailing the action the service would take to improve standards.

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

- The manager did not always notify CQC of notifiable events in line with their regulatory requirements. We were made aware of these events at the time of our inspection. We were not assured that the provider had acted on their duty of candour and shared information appropriately with us.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Minutes of resident meetings showed people's views were sought on various topics and their wishes acted upon.
- People told us they knew who the manager was, one person told us, "Yes I know the manager and I would tell them if I had a problem."

- Staff told us they felt listened to and were able to provide feedback, one told us, "Yes, I can feedback to managers what I think."
- People's relatives told us that communication in the home could be improved. One relative told us, "I have never been given a questionnaire to fill in or been invited to a resident meeting to provide feedback, but I think this is a very good idea and would welcome this."
- However, relatives were also keen to tell us that the care people received was of high quality and person centred, comments included, "Staff show a real commitment and are skilled at dealing with [Person]", "[Person] is a different person since moving to Saint Jude, for the better" and "[Person] is safe and comfortable and I don't have to worry about them."

Working in partnership with others;

- The service worked with others such as commissioners, safeguarding teams and health and other social care professionals, to ensure people received the care they needed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes were either not in place or not robust enough to assess, monitor and mitigate the risks relating to the health, safety and welfare of people. Governance processes such as assurance and auditing systems, were not always effective.</p> <p>17 (1) (2) (a) (b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Recruitment procedures did not ensure that relevant pre-employment checks were undertaken to confirm that new staff were of good character and safe to work with vulnerable people.</p> <p>19 (1) (2) (3) (a)</p>