

Mr & Mrs J Cahill

St Judes

Inspection report

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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

About the service

St Judes is a residential care home and was providing personal care to 25 people aged 65 and over at the time of the inspection. The service can support up to 27 people. The care home accommodates people in one adapted building over two floors.

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

People felt safe living at St Judes and felt at ease to approach staff with any concerns. Staff had completed safeguarding training so that they knew what signs to look for of potential abuse.

There were enough staff on duty to keep people safe. Appropriate recruitment checks had been completed to ensure staff were suitable to work with people. Staff had completed training considered essential to support people's needs and to work safely. Staff spoke positively about the training and support they received. They knew about risks associated with people's care so they could manage these appropriately. People received the medicines they were prescribed to maintain their health and medicines were stored safely.

The home was clean, tidy, and well maintained and staff followed safe infection control practices to reduce the risk of the spread of infection.

People had individual care plans detailing their needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice and refresher training was planned to remind them of the principles of the Mental Capacity Act.

People enjoyed the food provided and menus showed choices were available each day.

People told us the staff were kind and caring and treated them with dignity and respect. All interactions we observed were respectful and professional. People were supported and encouraged to join in with daily activities that took place within the home.

People, visitors and staff had opportunities to share their views of the home in either meetings or satisfaction surveys which showed positive outcomes. The provider had a system in place for responding to complaints and people knew who to contact if they had any concerns.

An electronic care planning system had been implemented at the home to help improve records management and to support staff in their work. However, records relating to risks were not always fully detailed to show they had been responded to. Audit processes had not identified areas needing improvement in regard to record keeping. They had also not identified potential risks related to the environment and equipment.

The management team were dedicated to improving the ongoing care and support people received and spoke of plans to further improve the service. Both people and staff had confidence in the management team and staff felt valued and well supported. This had resulted in a positive, encouraging and supportive culture within the home.

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 (17 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 safe.	Good ●
Is the service effective? The service was effective.	Good ●
Is the service caring? The service was caring.	Good ●
Is the service responsive? The service was responsive.	Good ●
Is the service well-led? The service was not always well led.	Requires Improvement ●

St Judes

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.

Inspection team

The inspection was carried out by one 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.

St Judes is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced on the first day and announced on the second day.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We checked our systems for any feedback from the local authority and professionals who work with the service. We checked information the service had shared with us in notifications they are required to send to us.

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.

We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with the registered manager, three care staff, a domestic and the activities co-ordinator. We spent time in the communal areas of the home including the lounge/dining areas observing how staff supported and interacted with people. We reviewed a range of records. This included two care plan records, multiple medication records, two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service including policies and procedures, staff training records, satisfaction surveys, complaints, accidents and incidents and health and safety checks.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at St Judes. One person told us, "It is safe, knowing people are around you when you want them."
- Staff were aware of the signs of abuse and the action to take if they had any concerns which included making the registered manager aware.
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Assessing risk, safety monitoring and management

- Risks associated with people's care were detailed in Individual risk assessments so that staff had the information they needed to provide safe and consistent care to people.
- People had personal evacuation plans which meant staff had an overview of what support each person would require if they needed to leave the building in an emergency.
- Checks of the home environment and equipment were made to ensure it was safe for people who lived there. This included checks to fire prevention, water temperatures, electrical appliances and equipment people used. Sometimes it was not clear exactly what was being checked. For example, staff told us specialist mattresses were checked to make sure they were inflated but this did not include making sure the settings advised by a health professional were correct for the person to reduce the risk of skin damage. The registered manager said they would make the required changes to make sure records were clear.

Staffing and recruitment

- People felt more staff were needed at the home because they were sometimes kept waiting but we saw there were sufficient numbers of staff to support people during our visit and call bells were answered in a timely way.
- Feedback we received from discussions with staff, raised no concerns regarding staffing levels although they said some days were busier than others.
- Safe recruitment practices were followed to ensure staff were suitable to work with people who lived at the home.

Using medicines safely

- People received their medicines from suitably trained staff and regular medicine audit checks were completed to ensure medicines were managed safely.
- We identified some medicine recording issues, but these had not had any impact on people as people told us they had received their medicines when they needed them.
- Where people were prescribed medicines on an 'as required' basis, these were managed appropriately so

that people did not exceed safe dosages.

- All medicines were stored safely including those that required extra secure storage due to their potency.

Preventing and controlling infection

- Policies and procedures were in place to support staff in the control and prevention of the spread of infection.
- Staff had completed training in infection control and we saw they followed good practice such as wearing disposable gloves and aprons.
- The home was visibly clean and well maintained with no unpleasant odours.

Learning lessons when things go wrong

- Staff reported incidents when they occurred, and the registered manager reviewed them to identify learning and ensure action was taken to reduce the risk of them happening again.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's individual needs, including their preferences were assessed before they moved into the home and these were reflected in their care plans so staff could support people's needs effectively.
- People's care plans included information about any specific support in respect of culture, gender or religious needs.

Staff support: induction, training, skills and experience

- Staff received regular training to support them in meeting people's individual needs safely and effectively. One person told us, "The staff are very good, very skilled. They know when you need further assistance and will arrange a hospital visit or treatment."
- New staff received an induction and completed online training linked to the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sector.

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

- People enjoyed the food provided but felt there was a limited choice. One person said, "The food is good but there's not much choice. You can have teas and coffees whenever you want."
- On the day of our visit all people ate the same main meal as opposed to one person who had specifically requested a different meal. The registered manager told us two choices of main meals were available each day which menus confirmed but people were not always aware of this.
- Our observations of the mealtime experience showed staff were attentive and knew people's individual needs well. They supported and encouraged people to eat where needed. A variety of drinks were offered.
- Where there were risks associated with people's nutrition, records were not always clear enough to demonstrate people had received sufficient to eat and drink although staff confirmed they had. The registered manager said they would look at how the electronic records system could better capture this information.

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

- People told us that staff contacted other professionals such as GP's and dieticians when needed to ensure their needs were met and appropriate care was provided. A relative told us, "They arrange all the appointments for [Name]. They let me know when and I go along with them."
- Care plans included information about the support people needed to stay healthy and attend healthcare appointments.

- Staff told us they knew people well and were therefore able to pick up any signs people may be unwell, so they could act on these accordingly.

Adapting service, design, decoration to meet people's needs

- The premises and environment were appropriate to the needs of the people who lived at St Judes. The home had a simple layout that facilitated orientation and there was a chair lift and passenger lift people could use to access the upper floor.
- Communal areas were decorated to a good standard and were well maintained. People's bedrooms contained personal possessions that were important to them to help make them more homely.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- People's mental capacity, where appropriate, was in the process of being assessed so that the relevant DoLS applications could be made.
- Staff had not completed recent MCA training but this had been sourced to ensure staff would have the knowledge and understanding they needed of the MCA.
- Staff knew those people who needed to be supported to make their own decisions and provided this where required.
- We saw staff asked people for consent before supporting them. One staff member asked a person, "Would you like to move into the lounge, it's up to you, but there are more comfortable chairs in the lounge."
- People told us their freedom was not restricted and they were able to make their own decisions. For example, one person told us, "You can please yourself in what you wear. You can sit anywhere you want."

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with compassion by a caring and respectful staff team. We saw people were comfortable in the company of staff.
- People said the staff were caring. One person told us, "I've been upset once or twice as I had family problems. They were always there to put their arms around you until things got better." Another told us, "They don't snap at you. They are calm and good tempered."
- Staff were positive about the people they cared for and what the role meant to them. One member of staff told us, "I get to know people's sense of humour if you can relate to them on their level and appreciate their sense of humour, you get on great."

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

- People told us staff listened to them and care plans showed people had been involved in decisions about their care.
- Staff enabled people to make daily living choices such as where they sat and what time they wished to get up and went to bed,

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected.
- Staff were mindful of ensuring people's dignity was respected when delivering personal care. One person in a shared room told us, "They will always put the curtains across when seeing either of us. Even though we are sharing, it is quite private."
- Some people chose to spend time in their bedrooms and staff knocked on bedroom doors before entering.
- People's independence was encouraged in everyday living tasks. This included people moving around the home independently with their walking frames with staff close by for support if needed.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

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

- Overall people felt their care needs were met in accordance with their preferences and said they were able to exercise choice and control in every day decisions about their care.
- People had contributed towards their care plans which contained details of their preferences, interests, and support needs, so staff could provide care that was responsive to their needs.
- Staff had built up positive relationships with people, and relatives said staff knew people well. A relative told us, "There is a hard core of staff who have been here a long time and you get to know them. They know [Name's] routine and work around that."
- Care plans contained information on "expressing sexuality" to ensure people were supported appropriately. Records seen included information such as, "Likes to have hair done every week by the hairdresser, or "Only wears make up for special occasions."

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

- People had access to social and leisure activities and staff supported people to maintain relationships with those important to them.
- An activity organiser planned daily group activities that people could participate in if they wished. This helped people to form relationships.
- Each day people were encouraged to join in a 'daily chat' which the home had subscribed to. This was a paper containing information from daily newspapers to aide discussion with people. People also participated in a daily reminiscence session which included reading a poem, completing a quiz, and crossword. We saw these sessions were well attended.
- Some people commented there could be more opportunities for outside visits and a wider range of activities in the home to ensure all people's choices and needs were met. We discussed this with the registered manager with a view to this being reviewed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were met. People shared information about their communication needs prior to them starting to use the service.
- Care plans contained information about people's individual communication needs and gave staff some

information on how to support people with this. This included the use of hearing aids and glasses.

- Some information provided to people was in large print to assist them to read it. The registered manager told us more work was planned to see how they could further support people in easily accessing information.

Improving care quality in response to complaints or concerns

- Systems were in place to manage and respond to complaints or any concerns raised. No complaints had been received by the service since the last inspection.

- People said they had never needed to complain but if they raised any small issues, such as light bulbs that needed changing or repairs, these were addressed in a timely way. One person told us, "If you speak to them, you get things done."

End of life care and support

- There were no people receiving end of life care at the time of our inspection. Where people had expressed any preferences regarding end of life care these were recorded in their care plan. This included ReSPECT forms which contained a summary of people's wishes in the event of emergency care and treatment being provided. This was to assist health professionals in making immediate decisions about care and treatment in an emergency situation.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 care and service provided was overseen by a management team who demonstrated experience, passion and a commitment to drive improvement. We identified some areas needed improvement.
- The registered manager had systems to review the quality of the care provided to continually improve the home. We found the provider needed to improve some aspects of the systems to ensure all aspects of the service were monitored effectively.
- Risks associated with equipment used to support people and the environment had not always been identified during the provider audit checks completed. This included risks of worn ferrules (rubber feet) on walking frames, mattress settings, window restrictors and portable heaters/towel rails around the home. Action was taken during the inspection to address the ferrules and portable heaters/towel rails were not in use. The registered manager told us of plans they were implementing to ensure risks were effectively identified during audit checks.
- Electronic recording systems were in place but records in relation to the management of risks were not always clear, for example, in relation to nutrition, people falling and the application of topical creams. The registered manager acknowledged this and stated changes in the recording system would be made to address this.
- Staff were clear about what was expected of them in regards to their roles and felt they could approach the registered manager if they were not clear about anything. One staff member told us, "We can go to [registered manager] if want to discuss something or have problems."
- Organisations registered with CQC have a legal obligation to tell us about certain events at the home, so that we can take any follow up action that is needed. The provider had notified of serious incidents to meet their legal responsibility with the exception of one police incident that was reported retrospectively following our visit. The registered manager planned to inform us of the outcome of DoLS applications once known.
- The provider was meeting the requirement to display their most recent CQC rating.

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

- People spoke positively about their experiences of living at St Judes and of the management of the home. One person told us, "If there is anything I need, I can just speak to [registered manager]. She is very

approachable. Very good manager."

- Staff felt valued and supported and told us they enjoyed working at the home. One staff member told us, "It's a family run home very friendly welcoming and feels like a home from home. All the staff get on well."

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

- People were encouraged to provide their views about the service during occasional meetings and satisfaction surveys. The outcome of the last survey in 2018 showed there was a high level of satisfaction with the service across all areas including how they were treated.
- The registered manager told us they would look at further developing their initial assessment and policies around supporting people to ensure they were more inclusive of people from all backgrounds and characteristics such as different sexualities.
- Links had been established with the community and included religious services, a hairdresser and schools for activities.

Working in partnership with others

- Staff worked effectively in partnership with health and social care professionals to ensure people's needs were met.
- The registered manager worked with local agencies to help improve the service. This included participation in local schemes such as 'react to red' (to improve skin care), say no to infection (to improve infection control) and a local initiative to improve oral healthcare (mouth care) for people.