

Crown Care II LLP

St. James Court

Inspection report

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Date of inspection visit:
28 February 2017

Date of publication:
18 April 2017

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

St James Court is a care home which is registered to provide accommodation and nursing care for up to 58 people. Included within the home is a unit for people living with dementia called 'Forget Me Not Lane.' The home is purpose built and was registered in 2012.

The inspection took place on 28 February 2017 and was unannounced which meant we did not notify anyone at the service that we would be attending.

Our last inspection at St. James Court took place on 26 May 2015. We undertook this focused inspection to check improvements had been made following an unannounced comprehensive inspection of this home on 6 and 7 October 2014 where breaches of legal requirements were found and the overall rating for the service was 'requires improvement'.

Following the inspection on 26 May 2015 we found St. James Court was compliant with the regulations but the overall rating for the service remained as 'requires improvement'. We did not improve the rating because to do so required consistent good practice over time.

The service had a registered manager in post at the time of our inspection. 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 we spoke with told us they felt safe living at St. James Court and they liked the staff.

We found systems were in place to make sure people received their medicines safely. The monitoring and auditing of some medicines did need improvement.

There were sufficient staff to meet people's needs safely and effectively. The staff recruitment procedures in operation promoted people's safety. The monitoring and auditing of some recruitment records did need improvement.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were provided with relevant induction and training to make sure they had the right skills and knowledge for their role.

People and relatives said the staff were 'lovely and caring.'

People had access to a range of health care professionals to help maintain their health. A varied diet was provided, which took into account dietary needs and preferences so people's health was promoted and choices could be respected.

We found staff were responsive to meet people's health and social needs. Support plans were in place detailing how people wished to be supported and people were involved in making decisions about their care.

We saw people participated in a range of daily activities which were meaningful and helped promote independence.

People living at the home, and their relatives said they could speak with staff if they had any worries or concerns and they would be listened to.

Staff told us they felt they had a very good team. Staff said the registered manager was approachable and very supportive and communication was good within the service.

There were a number of processes in place to monitor the quality and safety of the service. The systems in place to assess and monitor the quality of service provided were not fully effective to ensure care provided was monitored, and that risks were managed safely.

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 had no complaints and told us they felt safe.

Appropriate arrangements were in place for the safe storage, administration and disposal of medicines. The monitoring and auditing of some medicines did need improvement.

The staff recruitment procedures in operation promoted people's safety.

Sufficient levels of staff were provided to meet people's needs.

Is the service effective?

Good ●

The service was effective.

Staff had undertaken training which was regularly updated to ensure they had the skills and knowledge to support people effectively.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had access to a range of health care professionals to help maintain their health. A varied diet was provided, which took into account dietary needs and preferences so people's health was promoted and choices could be respected.

Is the service caring?

Good ●

The service was caring.

People and relatives said staff were kind and caring.

We saw staff were respectful and knew people's preferences well.

Staff were positive and caring in their approach and interactions with people.

Is the service responsive?

Good 

The service was responsive.

People's care plans contained a range of information and had been reviewed to keep them up to date. Staff understood people's preferences and support needs.

Activities were provided which people said they enjoyed.

People were confident in reporting concerns to the registered manager and felt they would be listened to.

Is the service well-led?

Requires Improvement 

The service was not well led in some areas.

Staff told us they felt they had a very good team. Staff said the registered manager was approachable and very supportive and communication was good within the service.

There were a number of processes in place to monitor the quality and safety of the service. The systems in place to assess and monitor the quality of service provided were not fully effective to ensure care provided was monitored, and that risks were managed safely.

The service had a full range of policies and procedures available for staff.

St. James Court

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 February 2017 and was unannounced which meant no one at the service knew beforehand that we would be attending. The inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience in older people's care services.

Before our inspection, we reviewed the information we held about the home. This included correspondence we had received and notifications submitted by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place, for example where a person who uses the service experiences a serious injury. We asked the provider to complete a Provider 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. The PIR was returned as requested.

We sought feedback from stakeholders who commissioned services and Healthwatch prior to our inspection. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The comments and feedback received was reviewed and used to assist with our inspection.

During our inspection we spoke with 15 people living at the home, 11 of their relatives and two visiting health professionals to obtain their views of the support provided. We spoke with 15 members of staff, which included the registered manager, area manager, the administrator, a qualified nurse, activities coordinator, senior care staff, care staff, catering and domestic staff.

Throughout our inspection we spent time observing daily life in the communal areas of the home and how staff interacted with people and supported them. 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 we could not fully communicate with.

We spent time looking at records, which included three people's care records, three staff records and other records relating to the management of the home, such as training records and quality assurance audits and reports.

Is the service safe?

Our findings

All of the people living at St. James Court we spoke with said they felt safe. Comments included, "I moved here because I heard it was a good place. I feel safe and settled here," "The staff are so good, this makes you feel safe," "I really struggled at home. I am much safer here" and "I feel so safe here, that's because of the wonderful staff."

Relatives of people receiving support said they had no worries or concerns about the safety of their family member living at St. James Court. Comments included, "It is so reassuring to know that Dad is safe here," "I feel more than happy to discuss any safety matters with the manager" and "The staff here do all they can to keep mum safe."

At the time of this visit 45 people were resident at St. James Court. Five of these people had been admitted under the 'right care' scheme for rehabilitation following discharge from hospital or had been admitted directly from home as they needed more care and support on a short term basis.

People told us there were enough staff during the day and night to support them.

On the day of the inspection there was the registered manager, qualified nurse, three senior care assistants and five care assistants working. There was also an activities coordinator, domestic, administrative, catering and maintenance staff working at the home. The area manager was also at the home supporting staff and carrying out checks.

Staff told us there were always similar numbers of staff on duty during the day. We looked at the homes staffing rota for the two weeks prior to this visit which showed these identified numbers were maintained in order to provide appropriate staffing levels so people's needs could be met. Staff spoken with said enough staff were provided to support people's needs.

We saw people received support when requested and staff were visible around the home, supporting people and sharing conversation.

Staff said they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. Staff were clear of the actions they should take if they suspected abuse, or if an allegation was made so correct procedures were followed to uphold people's safety. Staff said they would always report any concerns to the registered manager or senior person on duty and they felt confident that senior staff and management at the home would listen to them, take them seriously, and take appropriate action to help keep people safe. Information from the local authority and notifications received showed procedures to keep people safe were followed.

We saw a policy on safeguarding vulnerable adults was available so staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had

been identified. Staff knew these policies were available to them.

Staff we spoke with said, "I have just completed safeguarding training, it gives you more confidence with regard to your understanding and observations. I feel so much more confident about safeguarding now" and "I can go to anyone in the office if I have any concerns at all."

The service had a policy and procedure on safeguarding people's finances. The administrator explained small amounts of monies were looked after for some people. Each person had an individual record and their money was kept in a separate wallet in the safe. We checked the financial records and receipts for three people and found they detailed each transaction, the money deposited and money withdrawn by the person. We checked the records against the receipts held and found they corresponded. The administrator said they were unsure if managers undertook audits of financial records to ensure they were correct. We did not see any records of such checks. Regular checking of people's finances by a representative of the registered provider would provide further safeguards to help protect people from financial abuse and to protect the staff dealing with monies.

We looked at three people's support plans and saw each plan contained risk assessments that identified the risk and the actions required of staff to minimise and mitigate the risk. The risk assessments seen covered all aspects of a person's activity and included moving and handling and eating. We found risk assessments had been regularly reviewed and updated as needed to make sure they were relevant to the individual and promoted their safety.

We looked at the records which were kept for accidents and incidents which had occurred. We found there were clear records describing each incident and the actions which had been taken at the time.

People we spoke with said that they got their medicines on time and could ask for extra pain killers if they needed them.

Relatives said, "Mum is so much better. She is getting her medication regularly. She asks the night staff if she needs anymore."

We found there was a medicines policy in place for the safe storage, administration and disposal of medicines. Training records showed staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow. A senior member of staff also regularly checked staff competency in administering medicines and staff told us these observations were completed by a manager. The registered and area manager had also undertaken regular audits of people's Medicine Administration Records (MAR) to look for gaps or errors.

Staff spoken with were knowledgeable on the correct procedures on managing and administering medicines. Staff could tell us the procedures to follow for receipt and recording of medicines. This showed staff had understood their training and could help keep people safe.

We found the qualified nurse and a senior carer were designated with responsibility for managing medicines. We checked five people's MAR and found they had been fully completed. The medicines kept corresponded with the details on the MAR.

There were arrangements in place for the management of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). They were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. We found the number

of controlled drugs kept tallied with the records held. This showed that all controlled drugs had been accounted for. However, the controlled drugs count had not taken place on 'Forget Me Not Lane' unit at the monthly frequency identified in the provider's medicines policy. We discussed this with the registered manager who gave assurances that these would take place to make sure full procedures were adhered to.

The registered manager sent a memo to all staff who administer medicines reminding them of their responsibilities to check controlled drugs and that in future the drugs would be checked on a weekly basis.

The day after inspection the registered manager contacted us to confirm all controlled drug medication checks had been completed across the home and these would continue weekly.

We found the registered provider had recruitment policies and procedures in place that the registered manager followed when employing new members of staff. We looked at three staff files to check how staff had been recruited. Each contained an application form, references, proof of identity, employment history and evidence of a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. This information helps employers make safer recruitment decisions.

We found a risk assessment had been completed by the registered manager where it was found that a member of staff had a historical caution by police several years ago. The assessment lacked clarity and we discussed with the registered manager about providing a more detailed and clearer assessment to show staff were safely recruited. The registered manager contacted us the day after the inspection to confirm a detailed risk assessment had been completed for the staff member concerned.

One historical staff file only contained one reference from the previous employer and the dates of employment did not tally with the application form submitted by the staff member at the time of employment. The member of staff recorded that they had worked a longer period of time at their last employer than the reference identified. The registered manager contacted us the day after the inspection to confirm they were attempting to contact listed references and they planned to meet the member of staff concerned to seek further clarification.

Regular checks of the building were carried out to keep the home safe and well maintained. Firefighting equipment, electric installations and gas safety were all checked on a regular basis by qualified contractors. Personal emergency evacuation plans (PEEP) provided information about what action should be taken in the event of emergencies to prioritise the safety of the people living at the service.

We found a fire risk assessment had been completed in May 2016. The risk assessment completed by an independent health and safety consultant identified several areas of risk that required urgent attention. The registered manager was able to tell us that some issues had already been addressed and we saw records of these which included increased frequency of fire evacuation drills and reviews of PEEP. Some areas that hadn't been addressed were structural changes to the building.

There were no records to confirm other environmental actions identified as needing attention in the fire risk assessment had been completed. The health and safety consultant contacted us and informed us the actions in the report were, "Suggested actions and were only a guideline for options that could be taken. These were not major issues and could be easily resolved."

The registered provider contacted us and confirmed the health and safety consultant would be reassessing

the format of the fire risk assessment report and would make clearer recommendations and requirements to the registered provider.

This information should have been documented and readily available to the registered manager at the time of the inspection as the risk assessment was completed nine months ago and the risk to people and staff at St. James Court was unclear.

We found policy and procedures were in place for infection control. Training records seen showed all staff were provided with training in infection control. We saw monthly infection control audits were undertaken which showed any issues were identified and acted upon. We found St. James Court was clean with no unpleasant malodours observed in the areas we checked.

Is the service effective?

Our findings

People spoke positively about living at St. James Court and the support they received. People told us, "I have my own optician. The staff make me an appointment when the time comes around," "If you tell the staff you are poorly they get the nurse or they call the doctor," "The staff go around at night to make sure we are alright" and "The staff check on us all to see if we are alright."

Relatives we spoke with expressed no concerns regarding the support provided and said they were always kept up to date with information regarding their family member. Comments included, "We were asked if we wanted to come to the GP visit when mum first came here," "They (staff) call the opticians and chiropodist for my dad. They always let me know when they do it" and "Staff are very good at letting us know what is happening. There is clearly good communication with the GP practice and other health staff."

Evidence seen in people's care records showed people saw medical professionals when needed. We saw staff had arranged appointments for people to see opticians, dentists and chiropodists. Care plans contained information about people's health so that staff could provide appropriate support.

All the people who used the service said they received good quality food and enjoyed it. The relatives spoken with were complimentary about the food and the catering team.

People said, "The food is lovely," "You can ask the cook for anything, if he can get it he will do it for you," "I am having my meal in my room today, the staff won't mind" and "Staff offer my family a meal every time they come."

Relatives said, "Mum has put weight on since she came here ,that must be a good thing," "I have eaten here, the food is lovely," "Dad would make it quite clear if he did not like the food "and "The staff are so hospitable ,we are often offered meals and always offered drinks."

The catering staff said, "I go around and do my own surveys, to get an idea of what people are enjoying and what needs changing" and "I am fully informed of peoples dietary needs and special medical conditions."

We observed breakfasts and lunch being served in two dining rooms. The room was spacious and was pleasantly decorated; tables were set with matching tablecloths. People seemed to have a preferred seat, sitting with people they knew. Some people chose to eat in their own rooms.

Most people ate independently but some people were assisted to eat their meal and the care staff sat next to them, explained what the meal was and chatted to them.

Staff were observed offering people choices of food and encouraged them to eat fresh fruit (oranges) if they chose not have a dessert.

We looked at the training staff undertook. Staff said the quality and amount of training they received was very good. Staff said, "We have lots of training fire safety, safeguarding adults infection control, it's good," "The training is very good here .We get some classroom training and some via the computer" and "We have a two day induction and we can complete the 'Care Certificate.' The 'Care Certificate' is open to all staff, not just new ones." The 'Care Certificate' is the new minimum standards that should be covered as part of induction training of new care staff.

The training matrix showed staff had access to and had undertaken a variety of training, including safeguarding adults, moving and handling, medication management, mental capacity act and fire safety.

We found a bank member of domestic staff had not received any training since their induction 11 months ago. The registered manager confirmed they had taken the member of staff off the work rota the same week so they could attend immediate updated mandatory training.

Staff had been receiving individual supervision sessions with the registered manager or senior member of staff on a regular basis. Supervisions provide an opportunity for management to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. Records of supervisions showed a formal system was used to ensure all relevant topics were discussed. Where actions were identified the process ensured these were reviewed at the subsequent supervision meeting. Staff also confirmed they received an annual appraisal, which is an opportunity to review their performance and to discuss any areas of training and development.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff we spoke with understood the principles of the MCA and DoLS. Staff also confirmed they had been provided with training in MCA and DoLS. This meant staff had relevant knowledge of procedures to follow in line with legislation.

We found there were people being deprived of their liberty and that the assessments and decisions were in place and had been properly taken and authorised. Staff we spoke with confirmed that the authorisations in place were being complied with. In this way the DoLS legislation is being utilised as it was intended to protect people's rights.

Relatives we spoke with said they were involved in decision making about their family member's care and support needs. Staff were seen and heard asking consent from people before providing any care or support.

All areas of the home had been pleasantly and brightly decorated. The home was well lit which helped people with poor eyesight to navigate their way through the various areas they used.

'Forget Me Not Lane' unit was also brightly decorated with rooms signposted to help people recognise their location and help with orientation. The unit contained photographs, hats and displays of china, rummage bags etc. to provide stimulation and aid people living with dementia.

Is the service caring?

Our findings

People told us the staff of St. James Court were very caring and they felt well looked after. People said, "The staff are lovely and caring," "They (staff) look after me so well," "I have met some really nice people here," "The staff are so dedicated, they offer such love, care and kindness," "The night staff are so kind to me," "You cannot fault anyone, they care for us all" and "Every member of staff is so caring and kind."

Relatives we spoke with said, "Dad is just surrounded by people who love and care for him," "The staff are just like family," "Dad has made some real friends here," "We feel as relatives we are part of this home" and "The staff are great. They make the home what it is, fantastic."

We spoke to staff about how they supported and cared for people. Staff said, "I love working here. I have never done this type of work before. It has changed my life and my career plans" and "I have worked in a number of care homes, this is by far the best."

During our inspection we spent time observing interactions between staff and people living at the home and their relatives. There were many 'community' connections between staff and the people living at the home. Many people were from the immediate community therefore had things in common. Observations showed that staff treated people with dignity and respect. There was a lot of laughter and friendly chat between people. Relatives and visitors were also welcomed in a caring and friendly manner.

The SOFI observation we carried out in the 'Forget Me Not Lane' area of the home showed us there were positive interactions between the people we observed and the staff supporting them. The atmosphere was relaxed and friendly. Staff were attentive toward people, caring and calm in their approach. Staff sat with people having tea and biscuits together discussing family members and their plans for the day. One person talked about how much they enjoyed walking and how far they walked when younger and how they still enjoyed walking and were supported to undertake this leisure activity.

We saw people moved freely around home. We spoke with two people who said they walked around the home every morning to say hello to their friends on other units. They spoke how they knew other people in the home from when they worked together. They said, "We are all friends here."

All assistance with personal care was provided in the privacy of people's own rooms. We saw staff supporting people to their rooms so health professionals could see them in private. We heard staff speaking to people and explaining their actions so people felt included and considered.

We did not see or hear staff discussing any personal information openly or compromising privacy.

Staff told us the topics of privacy and dignity were discussed at training events and they were able to describe how they promoted people's dignity.

People who received care and support and their relatives we spoke with were clear about their roles in reviewing their or their family members care plan. We saw people and relatives involvement recorded in the three care plans we reviewed.

The care plans seen contained information about the person's preferred name and how people would like their care and support to be delivered. This showed important information was available so staff could act on this.

We saw where a person's physical needs had changed staff had done everything possible to support the person to stay at the home for as long as they were able. This was done to by working closely with other healthcare professionals and by providing the equipment they needed to be supported within the home or finding a room in another part of the home.

The registered manager and staff had a strong commitment to supporting people and their relatives before and after death. We saw people had end of life (EOL) care plans in place and we saw next of kin had been involved and consulted with these where appropriate. The EOL plans clearly stated how people wanted to be supported during the end stages of their life.

People and relatives said because of the 'family atmosphere' in the home and friendships that had been built some people were affected when another person who was resident died. Relatives we spoke with said staff were 'very good' at supporting people during this time. One relative said, "[Name] was well supported by staff when their friend who was also resident here died. We are a family it does affect us. But that I suppose that is what the closeness of people in St. James can mean."

Is the service responsive?

Our findings

People and relatives we spoke with felt very positive about the frequency and variety of social activities made available to people and how people spent their day. Without exception, people said that they took part in, and enjoyed, a wide range of activities and outings.

People said, "I just love to go out walking, staff help me to go out for lovely walks," "[Named activities coordinator] is great he does lots of interesting things. I love the 'move it or lose it' sessions, it's a good laugh," "The activities are so important to me, they keep my brain cells active," "I take part in anything that's going they help me keep busy," "The party nights are great. We have entertainers too," "I love the hand massage sessions and having my nails done" and "They took me to a concert at the local school, I loved it, I used to be a teacher."

Relatives we spoke with said, "The staff put so much effort into making events such fun and special," "[Named activities coordinator], makes sure that there is a range of activities every day" "The level of activities on offer is so important" and "Mum loves to get involved in any of the activities, she loves the bingo sessions."

The activities co-ordinator had recently been appointed at St. James Court. When we spoke with them we found they were committed to the activities being enjoyable and beneficial. They displayed a full understanding of the physical and psychological benefits of activities on people's wellbeing.

Recently there had been trips to local pubs for meals, and community schools to enjoy concerts and plays. On the day of the visit people were enjoying going for a walk (one-to-one) and also enjoyed manicure sessions. Throughout the day the care staff were sitting with people and chatting.

People living at St. James Court said staff responded to their needs and knew them well. They told us they chose where and how to spend their time, where to see their visitors and how they wanted their care and support to be provided.

Relatives of people living at the home told us that staff were responsive to their family member's needs and knew the person and their needs well. Comments included, "All the staff understand [name of family member] needs," "A senior staff member came from St. James to assess [name of family member] while they were in hospital. They asked lots of questions about him, likes and dislikes and asked all about him so they knew him before he was admitted" and "Staff know him really well."

We checked three people's support plans. There were sections in the plans which provided people's life history, likes and dislikes. The plans showed that people and their relatives had been involved in developing their support plans so their wishes and opinions could be respected. We saw the support plans were written in a person centred way and reflected what the person's relative and staff had told us about what they did in their day-to-day lives and their likes and dislikes. Support plans were reviewed each month or sooner if changes to a person's care and support was made.

The care plans checked identified any specific support that was needed to maintain health. We found records showing the support was provided as identified as needed. The care plans contained details of the intervention from other healthcare professionals to support the person.

Staff spoken with said people's care plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual health and personal care needs and could clearly describe the history and preferences of the people they supported.

Stakeholders we contacted prior to the inspection told us they had no major concerns about St. James Court. They added there had been recent improvements at the service since the appointment of the new registered manager.

We spoke with two healthcare professionals who were visiting the home. They said, "St. James Court is a good home, Staff respond very well to resident's needs" and "When we discuss things with staff and suggest care required staff action this very quickly and efficiently."

We checked how the service listened and learnt from people's experiences, concerns and complaints.

There was a complaints policy and procedure in place. People and their relatives told us they had no worries or concerns, but knew who to contact if they had and were confident that the registered manager or a manager at the service would listen to them.

People said, "I always speak my mind and would say if anything was wrong."

Relatives said, "I have been to the manager a few times with the odd problem, she sorts things straightaway," "I can turn to any member of staff or the managers to raise concerns. I feel they will be dealt with" and "The manager has made it clear that if we have any concerns we must tell her."

We saw a large number of compliment cards from families of people who had lived at the home displayed around the home thanking staff for their kindness and care.

Is the service well-led?

Our findings

We checked the service demonstrated good management and leadership, and delivered high quality care, by promoting a positive culture that was person-centred, open, inclusive and empowering.

The service had a manager who was registered with CQC.

Relatives said, "The manager is very good, really on the ball," "She [registered manager] is really good. She has time to spend with residents and relatives," "You can talk to the manager about anything .She takes time out to talk to you" and "The manager has made a big difference here."

Staff said "I can't fault her [registered manager] she is so good at sorting things. The best manager I have worked with," "The manager is really supportive her door is always open" and "The manager is excellent. She comes onto the units and checks things are OK and helps us with care."

General observation of the management of the care home was that the registered manager was visible and very involved with the day to day running of the home. The atmosphere in the home was very friendly and lively. People, relatives and staff knew each other well and shared conversation and laughter was much in evidence throughout the day of inspection. People and their relatives actively sought out members of the inspection team to share their views of St. James Court.

People's comments about the service were very positive and included, "The manager and staff have worked so hard to make me feel at home," "The manager and staff have supported me and my daughter so well" and "The manager and staff are approachable. There is nothing that they will not do for you."

Relatives we spoke with said, "There is nothing they could do to improve this home" and "This home is run really well, it's marvellous .I want another family member to come here."

There were some systems in place to seek the views of people who used the service, their relatives, staff, commissioners and healthcare professionals. There used to be people relative meetings but we were informed by the registered manager attendance had fallen. Relatives told us and the registered manager confirmed they had instigated a series of one-to-one meetings with the relatives. This form of feedback was well used and relatives said they felt as though they were listened to. There were no forums for the resident's voice to be heard although another meeting was planned for April 2017 where better attendance was hoped for. Two relatives we spoke with whose family members had just moved into St. James Court were aware of this meeting and said they planned to attend. People and relatives and staff said they were encouraged to complete questionnaires and surveys.

People said, "There are no meetings as far as I know. I would go to one" and "Staff ask you everyday if everything is alright."

Relatives said, "I am not aware that there are any relatives meetings .I think Mum would go," "The manager

is so open ,you can talk to her about anything" and "We have had meetings with the manager she has helped our family come to terms with [name of relative] condition."

We found staff meetings had been held, which meant staff were provided with an opportunity to share their views about the care provided. Staff confirmed they attended these meetings regularly. We saw minutes of the meetings of the last meeting held 7 February 2017 which covered a number of areas and included discussions around training, improving some care practices and general care issues.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We found a quality assurance policy was in place and saw audits were undertaken as part of the quality assurance process. Records showed the registered manager, area manager and senior staff undertook regular audits. Those seen included care plan, medication, health and safety and infection control audits. We saw environment checks and health and safety checks were regularly undertaken to audit the environment to make sure it was safe.

The registered provider carried out regular visits to the home to check the quality of records and processes in the home.

Despite these regular checks we found omissions in the systems that meant that daily financial records checks, regular controlled drugs checks and action to follow up the fire risk assessment were not followed up in a timely manner .This meant the systems in place to assess and monitor the quality of service provided were not fully effective to ensure care provided was monitored, and that risks were managed safely.

The home had policies and procedures in place which covered all aspects of the service. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.

The registered manager was aware of their obligation for submitting notifications in line with the Health and Social Care Act 2008. We checked accident and incident records and found that any notifications required to be forwarded to CQC had been submitted.