

St Judes Residential Home Limited

St Judes Residential Care Home Ltd

Inspection report

20-22 Breckon Hill Road
Longlands
Middlesbrough
Cleveland
TS4 2DR

Tel: 01642868914

Date of inspection visit:
10 October 2017
24 October 2017

Date of publication:
31 January 2018

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?	Good ●

Summary of findings

Overall summary

St Jude's provides accommodation for up to 14 people with mental health conditions in two connected Victorian terraced houses located on the outskirts of Middlesbrough. All bedrooms are single occupancy with en-suite facilities. The home has been extended and there are a number of communal areas. At the time of our inspection 14 people used the service.

At the last inspection in July 2015 the service was meeting the regulations we inspected and we rated the service as 'Good'. At this inspection we found the service remained 'Good'.

The service had 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff understood the procedure they needed to follow if they suspected abuse might be taking place. Risks to people were identified and plans were put in place to help manage the risks and minimise them occurring. Medicines were managed safely with an effective system in place. We have made a recommendation about medicines that staff responsible for the administration of medicines have an annual review of their knowledge, skills and competencies relating to managing and administering medicines

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety was maintained.

People told us there were enough staff on duty to meet their needs. We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with people.

People were supported by a team of staff who were knowledgeable about their likes, dislikes and preferences. A training plan was in place and the registered manager monitored this to make sure all staff were up to date with their training.

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 were able to pick meals of their choice. Staff supported people to maintain their health and attend routine health care appointments.

Care plans detailed people's needs and preferences. Care plans were reviewed on a regular basis to ensure they contained up to date information about meeting people's care needs. People were actively involved in care planning and decision making. People who used the service had access to a range of activities and

leisure opportunities. The service had a clear process for handling complaints.

Staff told us they enjoyed working at the service and felt supported by the registered manager. Quality assurance processes were in place and regularly carried out by the registered manager and provider, to monitor and improve the quality of the service. The service worked with various health and social care agencies and sought professional advice to ensure individual needs were being met.

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 remains good.

Good ●

Is the service effective?

The service remains good.

Good ●

Is the service caring?

The service remains good.

Good ●

Is the service responsive?

The service remains good.

Good ●

Is the service well-led?

The service remains good.

Good ●

St Judes Residential Care Home Ltd

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 was 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 10 October 2017 and was unannounced. This meant the provider and staff did not know we would be visiting. A second day of inspection took place on 24 October 2017 and was announced. The inspection team consisted of two adult social care inspectors.

Before the inspection we reviewed all the information we held about the service, including notifications submitted to CQC by the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We contacted the commissioners of the service and other professionals to gain their views of the service provided. We also spoke with a professional who was visiting the service on the day of the inspection.

The provider had completed 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.

During the inspection we reviewed a range of records. This included three people's care records including care planning documentation and medicines records. We also looked at staff files, including recruitment, supervision, appraisal and training records, records relating to the management of the service and a wide variety of policies and procedures.

We spoke with staff, which included the registered manager, deputy manager, the administrator, two support workers and two domestics. We spoke with 10 people who used the service. We spent time observing staff interactions with people throughout the inspection.

Is the service safe?

Our findings

People who used the service told us they felt the service was safe. One person told us, "All of the staff are so supportive which is really reassuring." Another person said, "If I have any worries talking to someone keeps me on the right track." Another person commented, "I feel very safe here. Since I've been here no one has kicked off. We [people who used the service] don't even argue."

Policies and procedures for safeguarding and whistleblowing were accessible and provided staff with guidance on how to report concerns. Staff knew the various forms of abuse, signs to recognise them and what actions they would take to protect people. Staff had an understanding of the policies, how to follow them, and were confident the registered manager would respond to any concerns raised. People were protected from the risk of abuse.

In general recruitment procedures were thorough and all necessary checks were made before new staff commenced employment. For example, disclosure and barring service checks. These were carried out before potential staff were employed to confirm whether applicants had a criminal record or were barred from working with people. However, in the recruitment records of one staff member we did find that references were dated after the person had started work and there were some in gaps in employment. The registered manager told us they had obtained a verbal reference and explored gaps in employment; however these had not been documented.

Risks to people's safety had been assessed by staff and risk assessments had been personalised to each individual. Risks arising from people's pre-existing medical conditions were assessed. Where a risk to the person was identified, a care plan was developed to help keep the person safe. Regular reviews of the wellbeing of people who used the service took place. Risk assessments were regularly reviewed to ensure they reflected people's current support needs and risk levels. For example, one person had a risk assessment which documented interventions required to manage a deterioration in their mental health. This meant staff had the written guidance to keep people safe.

The provider had systems and processes in place for the safe management of medicines. Staff were trained and had their competency to administer medicines checked. However, from discussion with the registered manager, staff had only had their competency assessed when they first started to administer medicines. Medicine administration records that we looked at were completed correctly with no gaps or anomalies.

We recommend that the provider follows best practice and ensures that staff responsible for the administration of medicines have an annual review of their knowledge, skills and competencies relating to managing and administering medicines

From our discussions with people and staff we found there were sufficient staff on duty to support people with their needs. One person said, "I go out on my own anyway, but staff are always there if you need them." Another person commented, "There's always someone [staff] around."

We saw that plans were in place to help keep people safe in emergency situations. Following our inspection on 10 October 2017 a Personal Emergency Evacuation Plan (PEEP) was developed for each person. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people out of a building during an emergency. The service also had a business continuity plan. This provided guidance to staff on how to provide continuity of care in a range of emergency situations that might disrupt the service. Regular fire drills were carried out to ensure staff knew how to keep people safe in emergency situations.

We looked at records, which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on gas safety, fire extinguishers and the fire alarm system. We saw certificates to confirm that portable appliance testing (PAT) had been undertaken and were up to date. PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use. This showed that the provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises and equipment.

Is the service effective?

Our findings

We spoke with people who used the service who told us that staff provided a good quality of care. One person said, "I've turned my life around. I'm so much better." Another person commented, "I love it here. The staff bend over backwards to help you." Another person said, "I have improved so much. I don't get the thoughts I had and my confidence has improved so much."

Newly recruited staff were required to complete an induction process based on the Care Certificate before they could provide support to people without supervision. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It sets out explicitly the learning outcomes, competences and standards of care that will be expected

Care staff told us they were well supported in their role as the registered manager ensured staff received regular supervision and an annual appraisal. Supervisions provided staff with the opportunity to discuss any concerns or training needs. Records were available to confirm staff had received regular supervision and an annual appraisal. One staff member said, "[Name of registered manager] is brilliant and so supportive."

Records we looked at showed care staff had received the training they needed to meet the needs of the people using the service. This training included safeguarding, infection control, moving and handling, medication and fire training. Staff confirmed the training was good and provided them with the knowledge to support people and meet their needs. One staff member said, "Our training is very good."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity to make decisions, staff told us they, other professionals and family had made best interest decisions for them. We saw records to confirm this.

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). At the time of our inspection one person was subject to a DoLS authorisation. A record was kept of the expiry date in order that it could be reviewed or renewed in good time. In this way the provider was complying with the requirements of the Mental Capacity Act.

People were supported to maintain a healthy diet. Before people started using the service their nutritional needs and preferences were assessed. Nutritional screening was implemented following our first inspection to identify if people were malnourished or at risk of malnutrition.

There was a menu in place but people were free to choose different items if they preferred. People spoke positively about food at the service, and we saw there was a pleasant and relaxed atmosphere at mealtime. One person said, "I like to help staff to do the veg. On a Sunday we have cauli [cauliflower], potatoes, turnip and carrots." Another person said, "The food is nice. We have spag bol [spaghetti bolognese] bangers and mash and shepherd's pie." We saw that people had open access to the kitchen for snacks and to make

drinks at all times.

People were supported to access external professionals to maintain and promote their health and care records contained evidence of the involvement of professionals. As part of the inspection process we contacted visiting professionals who spoke very highly of the service. One visiting professional wrote and told us, 'I have regular contact with the staff and visit the home on a regular basis. I have always found the staff extremely welcoming, polite and professional at all times. They have an extensive knowledge of the clients and their needs. They provide individualised care and always seek the service users views and opinions and engage them in all aspects of their care.'

Is the service caring?

Our findings

People told us they were very happy and that the staff were very caring. One person said, "[Name of registered manager] is marvellous, well they [staff] are all marvellous." Another person commented, "This is a really good place and the best place I've been in. The staff are fantastic." Another person told us, "[Name of registered manager] and any of the staff go out of their way to help. I can talk to the staff and they listen."

A professional wrote and told us, 'I have had very positive experiences of St Jude's. The home manager is superb and very caring.' A visiting professional told us, "This place is excellent. The level of care these guys get is fantastic."

Some staff we spoke with had been at the service for a number of years. We found there was a consensus of opinion that the positive, trusting relationships formed between people who used the service and staff were due partly to the levels of continuity achieved by the service.

Throughout the inspection we were provided with many examples of how the registered manager and staff were kind and caring. One person told us, "I wanted a Boro [Middlesbrough Football Club] season ticket but couldn't afford it. [Name of registered manager] paid up front and said to just pay [them] back when I could afford it. You don't get any better than that." A professional told us people had received care and support that had enabled them to progress to independent living. When people had moved on to independent living the registered manager and staff had supported them with their move and ensured they had all the equipment they needed. The registered manager and staff had organised a surprise party for one person's birthday. This person was 'over the moon' that their family were present and had a fantastic time.

Observations throughout the inspection showed staff were caring and respected people's privacy. Staff were polite, friendly and caring in their approach to people. We observed a mutual respect between staff and people who used the service. Though people and staff had friendly and personal interactions we observed that staff were professional at all times. We saw that staff took time to stop and chat with people as they moved around the service, and that they clearly knew the people they supported very well. For example, staff were able to talk with people about their hobbies, relatives and things of interest to them. On several occasions we saw this leading to conversations people clearly enjoyed. People were happy sitting in communal areas and interacting with staff and other people using the service. These examples showed that staff were knowledgeable about each individual and were able to use this to have meaningful interactions with people in a very caring way.

From observations we could see that people felt very much at home within the service. One person asked us, "What do you think of my house?" and went on to tell us, "It's beautiful isn't it." People were very much encouraged to be a part of the inspection process. We saw that people were able to move freely and safely around the service and could choose where to sit and spend their recreational time. People were able to choose to go to their rooms at any time during the day to spend time on their own. This helped to ensure that people received care and support in the way that promoted their comfort, security and happiness.

It was evident staff knew people's needs well. Staff were able to give detailed history of people who used the service, including likes, dislikes and the best way to approach and support the person. It was clear, from the interactions between staff and people who used the service that positive relationships had been built.

We looked at care plans to see how people had been involved in decisions about their care. Examination of records confirmed that people were involved in making decisions about their care and treatment on an on-going basis. People's lifestyle, religious and personal choices were respected by the service to support them to continue their preferred way of living.

Advocacy information was available for people if they required support or advice from an independent person. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

Is the service responsive?

Our findings

Care and support was planned and delivered on the basis of people's assessed needs and preferences. People told us they received the support they wanted and needed. One person said, "When I came here I wasn't well but now I have got my life back." Another person commented, "I feel much better in myself. The care we get is excellent. My brother works in a four star hotel and he said this [St Judes] is better than the hotel."

Before people started using the service their care and support needs were assessed in a number of areas, including personal care, mental health, medicines, activities and their daily routines. Where a support need was identified a care plan was developed setting out how the person wished to be supported. Care plans were person-centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. People had 'a day in the life of' document which was a very detailed account of their daily routine with details about their life history, relationships, likes and dislikes. When we spoke with staff they demonstrated a good knowledge regarding people's individualities. The service used a keyworker system, meaning each member of staff was responsible for ensuring one or two people who used the service were up to date in terms of any appointments they needed to attend. Care plans were regularly reviewed and updated to ensure they reflected people's current needs.

In the care records of one person we saw a 'then and now' document. The person who used the service had written a detailed account about how they felt in their mental health when they were first admitted to the service nearly a year previously. The 'now' section of the document read, 'Now I am very happy after living here a year. I go out every day near enough. I am very happy with my medication as I feel well in myself and very stable.'

People were supported to take part in activities they enjoyed. During our inspection we observed that people were accessing a range of activities in the community. One person told us, "I go swimming twice a week and enjoy it and on a Wednesday I play table tennis." Another person commented, "I'm out every day. I can go where ever I want." Another person said, "I like karaoke. I like to sing Elvis songs." A holiday to Spain was planned and people spoke of how much they were looking forward to this. One person said, "We're going to Spain on Saturday. Four [people who used the service, name of registered manager and another staff member]. We're going for a week and fly from Leeds Bradford. We are going in a villa and there's a barbeque there. I'm really looking forward to it."

The service had a complaints policy and procedure, details of which were provided to people when they first joined the service. The registered manager told us any form of dissatisfaction was taken seriously. There had not been any complaints since our last inspection of the service. We spoke with people who told us that if they were unhappy they would not hesitate in speaking with the registered manager or staff. One person said, "[Name of registered manager] gets to the bottom of any concern and deals with it."

Is the service well-led?

Our findings

The service had 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run .

People who used the service told us they liked the registered manager and the service was very well-led. One person said, "[Name of registered manager] is brilliant. Anything you need or want you get." Another person commented, "[Name of registered manager] runs a good home. Every one of my family love it." A visiting professional told us, "[Name of registered manager] is fantastic." Money is not [their] drive [they] really care. [Name of registered manager] deals with stuff independently [they] don't bring you problems, [they] bring you solutions."

Staff said they enjoyed working at the service and felt valued and supported by the registered manager. One member of staff said, "[Name of registered manager] is fair. If something is not right [they] will tell you but [they] treat you with respect and kindness." Another staff member said, "I love the atmosphere. It's like a family; it's not like coming to work." Another staff member commented, "[Name of registered manager] is brilliant and amazing. [They] are like superwoman. [They] are brilliant with [people who used the service]." Staff were happy in their work, were motivated and had confidence in the way the service was managed. Staff were well looked after and understood their roles and appreciated what was expected from.

Professional's spoke highly of the registered manager. One professional wrote and told us, '[Name of registered manager] is very dedicated to [their] role and goes above and beyond the call of duty. I believe St Jude's provides an excellent facility for its clients and would highly recommend this service.' Another wrote, 'I feel that St Jude's is providing a very good care to its residents. The service is well led by [name of registered manager] and the staff know the residents very well. The residents have a good relationship with the staff and speak highly of the facilities at St Jude's and the staff. This has been consistent over the last many years that I have been working at Parkside [Mental Health Resource Centre].'

The registered manager and staff had a clear vision, to deliver a high quality service to people. We found the culture of the service was positive. It was evident that the registered manager had a passion and people who used the service were at the centre of everything they did or planned to do.

The provider had a quality assurance system to check the quality and safety of the service. The registered manager carried out a number of quality assurance checks, in areas including medicines, infection control, care planning and health and safety to improve the standards of the service. Any areas identified as needing improvement during the auditing process were analysed and incorporated into an action plan. We did note that audits were more of a tick box and did not describe the actual checks to be made, however after the inspection the registered manager sent us some more detailed audits that they intended to use.

Regular staff meetings had taken place and minutes of the meetings showed that staff were given the

opportunity to share their views. Management used these meetings to talk about safeguarding, any concerns, audits and any news relating to the provider. Meetings for people who used the service had also taken place. These were used to discuss menu choices, holidays, upkeep of the home and to ask people if they had any concerns or complaints and any suggestions they had for improvement at the service.

The registered manager understood their role and responsibilities, and was able to describe the notifications they were required to make to the Commission and these had been received where needed.