

The Society of St James

St James Care

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

Care service description

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

St James Care is registered to accommodate up to 16 people who have mental health needs arising from their alcohol dependency and who want to continue to drink. It is owned and managed by the Society of St James, a major charity in south Hampshire supporting homeless people and people with needs arising from alcohol and substance dependency.

Rating at last inspection

At our previous inspection in May 2016, we found the service met the requirements of the regulations and was good overall, but there were improvements to be made with respect to measures in place to make sure people were safe. At this inspection the provider had made improvements in this area, the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

Rating at this inspection

At this inspection we found the service remained good overall and had improved to outstanding in responsive.

Why the service is rated good

People's care and support achieved outstandingly positive outcomes. People with complex needs received support to achieve goals which in some cases were genuinely life changing and life saving. The service was valued by other professionals as a unique residential care service for people with long-standing alcohol dependency.

People were protected against risks to their safety and wellbeing, including the risk of abuse and inappropriate care, risks associated with medicines, and the risk of the spread of infection. There were sufficient suitable staff deployed to support people safely. There was a positive attitude to learning from incidents and near misses.

People were supported by staff with the relevant skills and knowledge. Care and support were delivered according to detailed and up-to-date assessments and care plans. People were happy with the food and choices offered. The provider worked with other services for people to access the healthcare services they

needed. The provider complied with legal protections in place for people who lacked mental capacity. 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.

There were positive, caring relationships between people and the staff who supported them. The provider supported people to be actively involved in decisions about their care and support. The service people received had a very positive impact on their dignity, independence, self-esteem and confidence.

There were appropriate management systems in place, and staff were motivated in a supportive, empowering atmosphere. The provider engaged people who used the service and staff to identify improvements. There were excellent relationships and partnerships with other health and social care services.

Further information is in the detailed findings below.

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 had improved to good.	Good ●
Is the service effective? The service remained good.	Good ●
Is the service caring? The service remained good.	Good ●
Is the service responsive? The service had improved to outstanding.	Outstanding ☆
Is the service well-led? The service remained good.	Good ●

St James Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place between 26 November 2018 and 29 November 2018. We visited the care home on 26 and 27 November and the provider's head office on 29 November. The visit to the care home was unannounced. We gave 24 hours' notice of our visit to the head office to make sure the person we needed to speak with would be available.

The inspection team comprised an inspector, an inspection manager 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 on this inspection had experience of using services for people with needs arising from their mental health and substance use.

Before the inspection we reviewed information we had about the service, including previous inspection reports and notifications the provider sent to us. A notification is information about important events which the provider is required to tell us about by law.

Before the inspection, the provider 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. We contacted health and social care professionals who worked with the service.

We spoke with eight people who lived at St James Care. We observed care and support people received in the shared area of the home.

We spoke with the registered manager, the provider's operations director and three members of staff. We looked at the care plans and associated records of five people. We reviewed other records, including the provider's policies and procedures, internal checks and audits, quality assurance survey returns, training and supervision records, medicines records, Deprivation of Liberty Safeguards application and

authorisations, and recruitment records for two staff members. We received input from health and social care professionals before and during the inspection.

Is the service safe?

Our findings

At our last inspection in May 2016 we found the provider was meeting the minimum standards in this area, but there were improvements to be made. These were in the areas of plans to reduce risks associated with people smoking in the home, recruitment processes to make sure staff employed were suitable, and medicines records.

At this inspection the provider had taken steps to improve the quality of medicines records, including arrangements for frequent audit of records, availability of senior staff for advice, and using medicines errors as opportunities for learning. There were suitable arrangements for storing medicines, including those that required refrigeration, and controlled drugs which require more secure storage.

Records were in place to show people received their medicines safely and as prescribed. The provider had chosen to put in place additional recording for stock control of certain medicines. We discussed the requirements for recording controlled drugs in the controlled drug register, as the registered manager expected a person due to move into the home in the near future to have a prescription for a controlled drug. The registered manager took steps straight away to make sure staff knew their responsibilities in this area. These included booking external training for all staff.

The registered manager had improved measures in place to reduce the risk of people smoking in the home, while recognising that it was important for those people who chose to smoke. They had arranged three separate sheltered areas in the garden for smoking. They had worked with some people who were at risk of smoking in their room when intoxicated, to agree managed access to their tobacco alongside their arrangement for alcohol. At the time of our inspection there was a designated smoking room inside the home, which was available at certain times. There were plans to phase this out. The registered manager had consulted with the fire service to identify other measures to manage the risk of fire, and these were assessed each year by the provider's health and safety manager.

Since our last inspection, the provider had changed their standard interview questions to make sure any gaps in candidates' employment history were explained. Recruitment records since our last inspection reflected this, and showed the necessary checks were made on candidates' suitability. Where candidates disclosed old criminal offences, there was an additional risk assessment process before they started work.

The provider had systems in place to protect people from the risk of abuse, and worked with other organisations where necessary to protect people. People moved into the service from environments in which they were exposed to the risk of, or actual, abuse and exploitation. The provider worked with the local authority safeguarding team and other agencies to make sure any ongoing risks were managed. The registered manager had raised complaints with other services when they had concerns about the safety of a persons' transfer because they did not receive all the information necessary to support them safely. Staff were aware of the risk of abuse, and what they should do if they suspected a person was at risk.

There was a positive approach to risk identification and assessment designed to support people to do what

they wanted to do. This had resulted in one person being able to make unaccompanied visits to the Isle of Wight where they had family connections. Another person was supported to plan to spend Christmas with their family for the first time in 18 years. By identifying and managing the risks involved in these visits in a positive way the provider promoted people's right to family life. A social care professional told us the provider had a "very good approach to positive risk taking, drawing on the residents' interests and strengths".

There were sufficient numbers of suitable staff deployed to support people safely. The registered manager had made changes in the staffing rotas in response to people's needs and to cover busy times of the day. Staff went about their duties in a calm, professional way. Since our last inspection the provider had changed the management structure in the home. These changes had been embedded and sustained, and meant there was always a senior staff member available for advice and guidance.

Arrangements were in place to protect people from the risk of the spread of infection. The provider had sustained improvements made to the laundry facilities at our last inspection. People were happy that their rooms and shared areas of the home were kept clean. The service had a food hygiene rating of "very good".

The provider had systems in place to learn lessons and make improvements when things went wrong. Staff kept records of accidents and incidents which were reviewed by the provider's health and safety manager when appropriate. They then passed findings and improvements to the registered manager for action. The process was monitored by the provider's operations committee.

Is the service effective?

Our findings

People's care plans were detailed, thorough, and reflected people's physical and mental health needs as well as their wishes and preferences. The registered manager kept themselves up to date with changes to published guidance, standards and legislation. This included guidance from the National Institute of Health and Care Excellence, the Social Care Institute of Excellence and the Health and Safety Executive. When agreeing safe alcohol levels for people the provider took advice from the NHS alcohol intervention team and other specialist healthcare professionals. People's care and support were based on relevant guidance.

The provider had a training and supervision programme designed to make sure staff had the necessary skills and knowledge to deliver effective care and support. The registered manager had arranged for appropriate courses to be added to the provider's programme of training for all staff. There were effective systems for the registered manager and other senior staff to track staff's training requirements and progress. The provider had Investors in People gold accreditation, a recognised standard for the training and development of staff.

Staff supported people to eat and drink enough and to maintain a balanced diet. Staff prepared hot meals in the home's kitchen. People described the food in the home as "good" or "very good". Hot and cold drinks were available for people to help themselves at any time. Staff were aware of people's preferences and any food allergies. One person was receiving fortified drinks at the time of our inspection in line with their support plan.

The provider worked in cooperation with other organisations to deliver effective care and support. This included regular contact with GPs, community nurses and specialist substance abuse teams. Where a person was about to move into a more independent living scheme, the registered manager had met with their opposite number in the new service to make sure the transition was as smooth as possible.

Staff supported people to have access to healthcare services where necessary. These included hospital outpatient appointments, and appointments with their GP, dentist, social worker and mental health team.

The provider had made adaptations in the home in line with people's needs. One room had facilities suitable for a person with a physical disability. There was a stair lift, a wet room and accessible bathroom. Adaptations for wheelchairs such as ramps over door thresholds were in place, although these were limited by the width of some doorways. There were suitable signs for people with cognitive difficulties, and one person had a "dementia clock" to help them be aware of the time of day. The provider had installed facilities in the garden to shelter people from both rain and sun. These divided the garden into smaller areas to encourage people to congregate in smaller groups and so generate less noise, which might disrupt neighbours' enjoyment of their own gardens.

The registered manager and staff were aware of the obligation to make sure people consented to their care and support, and of the legal protections in place where people lacked capacity. 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. The

procedures for this in care homes are called the Deprivation of Liberty Safeguards. Where people were at risk of being deprived of their liberty, the provider had made the necessary applications under the safeguards and renewed them in a timely fashion.

Is the service caring?

Our findings

People were treated with kindness and compassion. People were complimentary about staff. One person said, "They go the extra mile. They treat me with respect." Another person praised their key worker for "just being there and listening". A social care professional described staff as "very caring and willing to go above and beyond what carers do".

The registered manager and staff were passionate about supporting people in a non-judgemental way. They saw their role as helping people to have a second chance. The registered manager helped people in their dealings with other agencies and organisations. They helped one person appeal to the Court of Protection because they disagreed with a decision made about their care. This person's independent advocate had commented, "[Registered Manager] has only ever been supportive in this, wants the best for them and for them to be happy."

Where people moved into the home from circumstances made chaotic by their alcohol dependency, the registered manager worked with other charities and voluntary organisations to source essentials such as clothing. They made efforts to identify and re-establish contact with people's families where these contacts had broken down. They also acted on information from people about their previous employment to investigate possible sources of income, such as unclaimed pensions.

Staff supported people to make decisions about their care and support, and about their lives when they were ready to leave the service. We received testimony from one person's social worker about how their client had help in their assessment and application for an independent tenancy. The provider had helped them to identify sources of furniture for their new accommodation, and had put in place arrangements for ongoing support after their move. The social worker described this as "an excellent piece of work with a very positive outcome" for the person.

Staff had supported another person to arrange finance for them to purchase a car and insure it so that staff could drive them to other services they attended. These included a specialist rehabilitation service for people with an acquired brain injury. This had a positive impact on their sense of dignity and self-respect. Their social worker reported that this had been a strong motivator in their staying alcohol free during this period to make sure they had sufficient funds for the car.

People were involved in the day to day running of the service. They were consulted on decisions such as the colour of staff's official sweatshirts, and questions they would like asked at staff recruitment interviews. There was a nominated person who attended staff meetings to represent the views of people living at the home.

People agreed to contracts to manage their alcohol, finances and, where appropriate, their tobacco consumption. During care and support reviews staff used an "alcohol star" which allowed people to record their progress in different aspects of their care and support. These included alcohol, physical health, use of time, social networks, drug use, emotional health, offending, accommodation, money, family &

relationships. The star format allowed their progress to be seen visually.

The impact on people's dignity, privacy and independence was exceptional. This was based on the provider's core value that a safe home is a human right and the foundation for other human rights. The service gave people the chance to move from a situation of homelessness or accommodation where they were at risk of or victims of abuse and exploitation to a safe home where they could achieve privacy. They were supported to manage their drinking at a level which allowed them to make choices about their own dignity and independence.

Is the service responsive?

Our findings

The provider had developed an exceptional and distinctive service for people whose individual needs were not met by other services in the area. The provider told us that the only other service nationally that specialised in supporting people with alcohol dependency to continue to drink in a safe environment that also supported them with personal care needs had closed. They provided a unique environment locally for people who chose to drink to do so in a safer and managed environment.

The impact on people's lives and wellbeing was exceptional. For those people who chose to continue to drink, the managed, safe environment at the home meant they no longer drank to immediately life-threatening levels. This helped to improve their physical and mental health. One person's records showed they had reduced their risk of falling from at least one fall a day to one fall a month. Another person had overcome anxieties about leaving the home and had visited the cinema with their care worker. This was their first trip outside the home for 18 months. Some people described the care and support they received as "life changing".

Another person had been exploited before they moved to the home, was unable to stand or walk independently, could not manage their money, and were drinking dangerous amounts of spirits every day. Staff at St James Care supported them to reduce their alcohol use which meant they could regain their mobility and walk independently. They were able to be responsible for their own medicines. They regained their self-esteem and confidence, and could go out into the community independently, for instance to the local library. At the time of our inspection staff were supporting them to seek more independent accommodation.

A person described by a specialist healthcare professional as having been "very poorly" after "struggling" for 10 years with alcohol addiction and an eating disorder came to St James Care for respite care. With the support of staff to manage their drinking and improve their diet, they regained their strength, and moved back to live in the community with continued support from staff at St James Care. At the time of our inspection they had recently completed training for a health and social care qualification and had a volunteering job. The healthcare professional stated they were no longer a "frequent attendee" at the NHS recovery service, and considered that "without the support of staff at St James Care it would have been a different outcome".

Another person described themselves as a "quivering wreck" a year ago. They too had recently achieved a qualification in health and social care, and had been volunteering for the charity, for instance by supporting fund-raising events with staff from the home. They now presented as smart, self-confident and proud of what they had achieved with the support of staff to manage their alcohol.

At the time of our inspection there were two people who had chosen to abstain from alcohol. Staff supported them in this, including accessing other services and the community during the day so they could spend time around other people who were not drinking.

Feedback from health and social care professionals involved with the home was always positive about the individual care and support people received to achieve their goals. One professional wrote, "My client's needs were very well met and looked after. The team at St James Care ... were very person centred and maintained the residents' best interests, safety and wellbeing at the core." Another professional commented, "I have found the management and staff to be very person centred, and very keen to enable my clients to achieve their individual goals." Another professional whose client had complex mental health needs, commented, "The home has developed a good formulation of this gentleman's needs which has helped to understand what may precipitate/trigger an outburst of anger and aggression. They have developed an excellent management plan and have a very good approach to positive risk taking, drawing on the resident's interests and strengths." A fourth professional stated, "I have nothing but high praise for all the staff at St James Care. Always responsive to client's needs."

The registered manager and staff listened to suggestions and views expressed by people using the service. There were a number of ways people could raise concerns if they were not comfortable using the formal complaints process. These included residents' meeting and a suggestion box, which was used and had helped the registered manager develop a "wish list" of improvements. Where possible they acted on them to improve the service for people.

Formal complaints were logged, followed up and responded to. These included complaints from neighbours and from people using the service. When a person made a complaint about the registered manager, they spent time together away from the service pursuing the person's interest in local history. This had restored the good relationship between the person and the registered manager, and showed an innovative approach to managing complaints.

At the time of our inspection, nobody was receiving end of life care. The registered manager had engaged with a local hospice to obtain a nationally recognised accreditation in end of life care. This was in order to embed their "home for life" ethos. Where people chose St James Care as their permanent home, they could stay at the home for as long as possible.

A staff member at the hospice confirmed the registered manager and staff had attended six sessions to improve their knowledge, skills and confidence with end of life care. The registered manager had presented an "excellent" portfolio of evidence of end of life resources at the home. They describe the team's commitment and passion in delivering high quality end of life care as "inspiring". They had observed "professionalism and dedication" in the face of complex daily challenges during support visits to the home. Staff at St James Care went "above and beyond" to make sure people's end of life wishes and individualised care planning were achieved.

The registered manager had presented their experiences at a final presentation event to share their learning with other providers, and had continued to invest in end of life care training.

The service was particularly skilled at providing quality end of life care until people needed specialist nursing or medical care which could not be provided at the home.

Is the service well-led?

Our findings

There was a registered manager in post. 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.

We received positive feedback about the leadership of the service from people using it, from staff, and from health and social care professionals. One person told us they were happy with everything at the home, very satisfied with the service, and that they liked being in the house. Another person said, "A good and wonderful home. If I need help I feel the staff are helpful."

The registered manager spoke about the service in a way that reflected the provider's published values of "response, respect and recognition". They were passionate about supporting people to achieve their goals and to regain and maintain their respect and dignity. A social care professional commented, "She loves her job and what she does and it came across with the way she interacted with the residents and her team."

There was a clearly communicated management system within the home. The registered manager was supported by a deputy manager and two senior shift leaders. Staff had clearly communicated roles and responsibilities. There were internal checks and audits to monitor and maintain the quality of the service. These included medicines, care plans, safeguarding, finance, and health and safety. The operations manager had identified a suitably qualified manager within the organisation to audit all the areas of the service and consolidate the separate checks and audits into a single quality assurance process.

There were formal and informal processes to engage people in the service. There were residents' meetings, a nominated service user representative, and annual survey questionnaires. In addition, there was information displayed around the home encouraging people to "speak up" if they had concerns. Staff were encouraged to share ideas, suggestions and concerns at staff meetings and off-site "away days".

The provider had an effective system for following up accidents and incidents and making sure appropriate lessons were learned. There were also regular senior team meetings which focused on improvements and learning. These covered operational priorities, any issues affecting people using the service, staffing issues and quality improvements. We discussed with the registered manager about pulling all the improvement actions identified into a single, ongoing improvement plan.

There was strong partnership working with other agencies, including social services and NHS services. Senior staff attended networking events for adult social care service in the local area organised by the local authority. A specialist healthcare professional commented, "We feel we have a very productive relationship with St James Care. We are also confident that there is a care home dedicated to the needs of clients who have been diagnosed with alcohol use disorders who can present with some specific care needs."