

Saint Jude Residential Care Home Limited

Saint Jude Care Home

Inspection report

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Liverpool
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Saint Jude Care Home is a residential care home providing personal care to 18 people aged 65 and over at the time of the inspection, including people living with dementia. The home can accommodate up to 22 people. The home is a domestic style property located in the Blundellsands area of Liverpool. Accommodation is provided over three floors and people have access to two communal lounges, dining area and enclosed garden.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Governance arrangements were not always effective at identifying concerns. A range of audits were in place. However, they did not identify all concerns found during the inspection such as concerns found with care planning and medicines records and staff ability to competently apply the principles of the Mental Capacity Act (MCA).

At our last inspection, we made a recommendation for the provider to improve the analysis of accidents and incidents. The provider failed to meet this recommendation as concerns regarding the consistent analysis of incidents remained. The provider was reactive to safety related incidents and action was taken to reduce the risk of similar incidents occurring. However, due to the lack of analysis of themes and trends, the systems in place did not always promote a preventative approach to risk. The provider was responsive to the concerns and improvements to governance arrangements were made during the inspection.

People's individual risks were assessed, and measures were in place to reduce risk. However, records did not always reflect this. We raised our concerns with the provider who took immediate action to improve the records. Staff understood people's needs and risks and knew what action to take to keep people safe from harm.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. However, the policies and systems in the service did not always support this practice. We found systems were in place to assess, review and report on people's mental capacity and decision-making abilities. However, staff responsible for assessing people under the MCA did not have full understanding of the principles of the MCA.

Overall, we were assured people received their medicines as prescribed. However, multiple gaps on

medication administration records (MAR) evidenced they were not always completed when medicines were administered.

Staff were knowledgeable about people's dietary needs. Most people provided positive feedback about the quality of the food and told us their preferences were met.

Staff were safely recruited and deployed in sufficient numbers to meet people's needs. Staff received an induction and completed mandatory training to enable them to carry out their job roles. However, when additional training was required to meet people's specific needs, such as training for managing periods of emotional distress, we noted completion rates were low amongst staff.

Safeguarding systems were in place and worked effectively to ensure people were protected from abuse. Environmental risks were identified, and systems were in place to carry out regular safety related checks on the environment and equipment.

The home was clean and hygienic throughout. Domestic staff were on site and worked hard to maintain a clean environment. The home was nicely decorated throughout. People's individual rooms were personalised with items of their choice.

The manager worked well with other healthcare professionals to ensure people achieved good health outcomes. When people's needs changed, records showed they were referred to external health professionals in a timely manner.

The manager demonstrated a commitment to ensuring people received person centred care. People, relatives and staff told us the manager and the provider were visible and felt they could approach them with any concerns they had. The provider understood the need to gather feedback from people and use this to improve the quality of the service.

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

Rating at last inspection

The last rating for this service was requires improvement (published 26 July 2022). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

At our last inspection we recommended the provider strengthened their accident and incident analysis to ensure patterns, trends and themes were identified and used to improve the safety of the service. At this inspection, we found processes to analyse incidents was inconsistently completed.

Why we inspected

The inspection was prompted in part by notification of an incident following which a person using the service sustained a serious injury. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk of falls. This inspection examined those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this full report.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Saint Jude Care Home on our website at www.cqc.org.uk.

Enforcement

We have identified a breach in relation to good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Saint Jude Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 3 inspectors.

Service and service type

Saint Jude Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Saint Jude Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The new manager had started the process of registering with the commission.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 2 people who lived at the home and 4 relatives to understand their experience of the care provided. 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 could not talk with us. We spoke with 9 members of staff including the provider, manager, chef, care assistants and team leaders. We reviewed a range of records. This included 7 care plans and associated documentation and multiple medication records. We looked at 3 staff files in relation to recruitment. We reviewed multiple records relating to the management of the service, training data and a variety of policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Learning lessons when things go wrong

At our last inspection we recommended the provider strengthened their accident and incident analysis to ensure patterns, trends and themes were identified and used to improve the safety of the service. At this inspection, we found incidents were inconsistently analysed.

- Systems were in place to analyse accidents and incidents. However, this was not completed consistently as there was no evidence to show an overall analysis had been completed since April 2023. The provider was responsive to our feedback and developed a new system for analysing accident and incident trends during the inspection. Please see the well led section of this report for further information about this concern.
- The provider was responsive to safety related concerns. For example, it was identified when call bells were pressed, the alarm could not always be heard on all floors of the home which increased the risk of staff not being able to respond to emergency situations. The provider immediately installed additional call bell monitors to reduce this risk.

Assessing risk, safety monitoring and management

- People's individual risks were assessed, and measures were in place to reduce risk. However, records did not always reflect this. For example, the records for 2 people did not include information about the use of sensor mats that had been introduced when an increased risk of falls was identified. The manager updated the records before the inspection process had concluded.
- Environmental risks were identified, and systems were in place to carry out regular safety related checks on the environment and equipment. We signposted the provider to current guidance on fire safety related checks as we identified the frequency of the checks on fire escapes did not fit with best practice guidance. The provider was responsive to feedback and updated the frequency of their checks.
- Staff understood people's needs and risks and knew what action to take to keep people safe from harm.

Using medicines safely

- Overall, we were assured people received their medicines as prescribed. However, multiple gaps on medication administration records (MAR) evidenced they were not always completed when medicines were administered. The provider confirmed additional training would be completed with staff to improve medicines records.
- Medicines were administered by trained staff who had their competency assessed to ensure they could continue to administer medicines safely.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems were in place and worked effectively to ensure people were protected from abuse.
- Staff were knowledgeable about their safeguarding responsibilities and were clear about what action they would take if they had concerns about the health, safety and welfare of people.
- People told us they felt safe, and relatives also felt their loved ones were safe living at the home. Comments included, "[Person] is perfectly safe without a shadow of a doubt" and "I do feel [Person] is kept safe."

Staffing and recruitment

- Staff were safely recruited and deployed in sufficient numbers to meet people's needs. However, our observations found staff did not always communicate when they were taking their breaks, this led to an emergency call bell being unanswered for an extended period and no staff being present to assist people in the lounge area. The provider was responsive to our concerns and committed to reviewing their current systems to promote better communication between staff.
- The provider had a system for calculating safe staffing levels according to people's needs. We found occasions where staffing levels had been increased when people's needs changed. For example, the provider recently increased their staffing levels to support a person who was nearing the end of their life.

Preventing and controlling infection

- The home was clean and hygienic throughout. Domestic staff were on site throughout the day and worked hard to maintain a clean environment.
- People and relatives provided positive feedback about the cleanliness of the home. Comments included, "It's always very clean, doesn't smell at all. [Person's] room is always clean, and the dining room and front lounge are always bright and kept nice."
- Our observations found staff used PPE effectively and disposed of this safely.
- There were no restrictions on people receiving visits from their loved ones. A relative told us, "They're so welcoming. We just arrive, no appointments are needed, we go when is convenient for us."

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Systems were in place to assess, review and report on people's mental capacity and decision-making abilities. However, staff responsible for assessing people under the MCA did not always have a full understanding of DoLS processes.
- We found no evidence people had been unlawfully deprived of their liberty in practice. However, we found DoLS had been applied for when this was not necessary due to staff misunderstanding the principles. We raised our concerns with the provider who took immediate action to reassess applications and provide additional MCA training for staff. Please see the well led section of this report for further information about this concern.

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

- Pre-admission assessments were inconsistently completed. Some records were sufficiently detailed, while others contained only basic information.
- We were not fully assured all information relevant to people's care and support was gathered prior to staff delivering care. This increased the risk people could be admitted to the service without staff having the required information about their needs and risks. We raised our concerns with the provider who took action to improve their preadmission assessments before the end of the inspection process.

Staff support: induction, training, skills and experience

- Staff received an induction and completed mandatory training to enable them to carry out their job roles. However, when additional training was required to meet people's specific needs, such as training for managing periods of emotional distress, we noted completion rates were low amongst staff. The provider had identified this, and a plan was in place to improve completion rates.
- Our conversations with staff demonstrated they were skilled and knew people well.
- Staff told us they felt fully supported in their roles through regular supervision. Comments included, "I feel supported, had a recent supervision to see how I'm getting on and settling in" and "Not long had a supervision with [Manager], it was really positive. [Provider] also checks in often to make sure I am ok."

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

- Staff were knowledgeable about people's dietary needs and supported them to maintain adequate nutrition and hydration levels.
- Most people provided positive feedback about the quality of the food and told us their preferences were met.
- Nutritional care plans were in place. However, we found some records only contained basic detail regarding people's preferences for food and drink. We raised this with the provider who committed to reviewing and improving the records.

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

- The manager worked well with other healthcare professionals to ensure people achieved good health outcomes.
- When people's needs changed, records showed they were referred to external health professionals in a timely manner. Healthcare advice was followed to ensure the effectiveness of people's ongoing care and support.
- Information about people's health conditions and medicines was sought from GP's when people were admitted to the service.

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

- The home was nicely decorated throughout, and the overall design promoted a homely environment.
- People's individual rooms were personalised with items of their choice.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Governance arrangements were not always effective at identifying and driving improvements to quality and safety.
- A range of audits were in place. However, they did not identify all concerns found during the inspection such as concerns with care planning records, medicines records and shortfalls in relation to the DoLS application process.
- The provider failed to embed learning from previous inspections. At our last inspection, we made a recommendation for the provider to improve the analysis of accidents and incidents. The provider failed to meet this recommendation as concerns regarding the consistent analysis of incidents remained at this inspection.

The provider failed to ensure there were effective governance arrangements in place to ensure all concerns related to quality and safety were identified and acted upon in a timely manner. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider was responsive to the concerns and improvements to governance arrangements were made during the inspection process. The provider further committed to improving the quality and safety of the service through the introduction of a digital care planning system which was due to be implemented.

- The manager was honest during the inspection about gaps in their regulatory knowledge, such as MCA processes. The provider had acknowledged this and recruited a mentor to support the manager to promote their ongoing development.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager demonstrated a commitment to ensuring people received person centred care and focussed on ensuring they achieved positive outcomes.
- Relatives told us information regarding safety related incidents was shared with them. Accident and incident records confirmed this.

- The provider was open and receptive to the concerns we shared during the inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, relatives and staff told us the manager and the provider were visible and felt they could approach them with any concerns they had.
- The provider understood the need to gather feedback from people and relatives and records showed how they had used feedback to improve the quality of the service.
- The provider was co-operative with external stakeholders and had sought the expertise of health and social care consultants to promote continuous improvement.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p data-bbox="837 544 1449 618">Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p data-bbox="837 651 1465 846">The provider failed to ensure there were effective governance arrangements in place to ensure all concerns related to quality and safety were identified and acted upon in a timely manner.</p> <p data-bbox="837 891 1474 1048">The provider failed to consistently analyse incidents to ensure all risks relating to the health, safety and welfare of service users were mitigated.</p>