

Churchill Residential Care And Nursing Homes Limited

St Judes Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

St Judes is a residential care home providing personal and nursing care to up to 39 people. The service provides support to adults living with dementia. At the time of our inspection there were 39 people using the service.

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

People were kept safe. Staff knew how to raise safeguarding concerns and were aware of the processes to follow in order to keep people safe. People told us they felt safe. In the comments we received, relatives agreed with this.

Care and support plans were person centred and developed to ensure people's needs were met appropriately.

Risk management strategies were in place to assist staff to help people to manage these risks safely and to maximise their potential in terms of their quality of life.

Staffing levels were good and appropriate to ensure people's needs were met in a safe, timely and consistent way.

The service was following safe infection prevention and control procedures to keep people safe.

The administration of medicines was managed in a safe way and people received their medicines safely.

The service was flexible and adapted to people's changing needs and wishes and promoted their independence.

The provider created a cohesive team culture where staff were able to develop and improve their practice. They were provided with the right training and support to make sure they could fulfil their roles appropriately.

People and their families described care as being kind and compassionate. They said they were treated with dignity and respect. We received consistently positive feedback about the caring nature of staff and their empathetic approach. People, their relatives and staff referred to the trust, kindness, understanding and sensitivity to their individual needs as reasons why they felt the service was good.

People were encouraged and supported to lead as fulfilled a life as possible. They were supported to follow their hopes and aspirations. The activities programme developed together with those people [who were able to engage with this programme] contributed greatly to this.

People's individuality was respected. People were involved in making decisions about their day to day lives and staff respected people's choices. People were supported to maintain their independence with creativity and enthusiasm.

People's diversity and their unique individual needs were well respected by staff. The staff team knew people well and were able to provide appropriate support discreetly and with compassion.

People's privacy was respected, and people were supported to maintain contact with relatives and friends.

There was clear evidence of collaborative working and good communication with other professionals in health and social care sector. People's health care needs were being met and they had access to healthcare services where needed.

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

Robust processes were in place to manage and respond to complaints and concerns.

St Judes was well led. The provider's ethos and values put people at the heart of the service. This vision was driven by the leadership of the registered manager and the senior management team. The staff team were empowered and engaged in providing an effective, person-centred model of care. This helped people using the service, with complex needs, to achieve their maximum potential and quality of life.

There was a wide ranging and effective governance system in place.

People, relatives and staff were confident about approaching the registered manager if they needed to. They recognised that their views and feedback were valued and respected and consistently used to support quality service development. A wide range of comprehensive audits took place to ensure the quality of the service was maintained.

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

Rating at last inspection

The last rating for this service was good (published 10 October 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

Follow up

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

St Judes Nursing 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

This inspection was carried out by 1 inspector.

Service and service type

St Judes 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. St Judes is a care home with 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 a registered manager in post.

Notice of inspection

This inspection was announced.

Inspection activity started on 20 November 2023 and ended on 11 December 2023. We visited the location's service on 27 and 28 November 2023.

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 and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 1 healthcare professional, 6 people who used the service and 5 relatives about their experience of the care and support provided. We spoke with 4 members of staff, the registered manager, the regional support manager, 2 registered nurses, the chef and the laundry assistant. We reviewed a range of records, including five people's care records, five staff recruitment files, training and supervision information and other records relating to the service.

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 good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse:

- People were protected from harm. There were effective safeguarding policies and procedures linked with those of the local authority. People and their relatives told us they thought people were safe. One person said, "Yes I do feel safe living here, the staff are kind to me and they look after me well." A relative told us, "I am happy that [family member] is safe and well cared for. I visit every week and the quality of care they receive is very good indeed."
- Staff were appraised of the provider's policies and procedures for the service. The registered manager told us they had a plan in place to ask staff to sign each of the policies in order to show they had read and understood them.
- Staff knew how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Staff described how they would report any concerns both within the organisation and outside to the local authority safeguarding team.

Assessing risk, safety monitoring and management

- Risks to people's health, well-being or safety were assessed and reviewed regularly to take account of people's changing needs and circumstances. Risk assessments were in place for risks to people such as for choking or falls. These assessments were detailed and provided guidance for staff to follow to help minimise identified risks. Risk management plans included information that identified the potential impact on staff as well as on the person.
- The provider had an appropriate whistleblowing policy and procedure in place that staff knew about and felt confident to follow if the need arose.
- There were personal emergency evacuation plan documents in people's care plans. Staff were knowledgeable about people's individual needs and could tell us what support would be provided in the event of an emergency such as a fire.

Staffing and recruitment

- Staff records were comprehensive and detailed as required. All the necessary checks were carried out to ensure the provider only recruited staff deemed suitable to keep people safe. These procedures included criminal record checks, identity checks and references from previous employers.
- There were good staffing levels needed to meet people's assessed needs and the number of residents being cared for.

Using medicines safely

- People all had individual medicines profiles containing information about their medicines and how staff should support them to take them in a timely and appropriate way. Our checks of records showed people

consistently received the medicines prescribed to them.

- Controlled drugs were stored safely and our check of the records found policies and procedures were carried out safely and appropriately.
- Senior staff undertook annual competency checks on staff and audits were carried out on people's records to make sure staff administered medicines safely.
- There was a policy and procedure in place that provided guidance about the safe administration of medicines. A medicines risk assessment was also completed to help make sure people received their medicines as prescribed.
- Staff received appropriate training on the safe administration of medicines. They told us staff competencies were monitored regularly to help ensure people received their medicines safely. We saw evidence of the process that was in place.

Preventing and controlling infection

- The environment was clean and fresh throughout and this helped to reduce the risk of infections in the home. We saw effective and regular cleaning schedules in place. Many of the communal areas and people's individual bedrooms were newly decorated. New easy to clean flooring was installed where necessary.
- Staff received training in infection control practices. They used personal protective equipment such as gloves and aprons when delivering personal care to people.
- Staff received training with food hygiene as a part of their ongoing training. This has helped to prevent the spread of infection among people.

Learning lessons when things go wrong

- The service had in place an appropriate policy and process for learning from mistakes. Accidents and incidents were analysed and reviewed to check if service and care plans needed to be reviewed. Actions were taken to reduce reoccurrences and to improve service delivery.

Is the service effective?

Our findings

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

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

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

- Our review of people's care files demonstrated people's physical, mental and social needs were all assessed as part of the provider's needs assessment process. People's care and support was delivered in line with current legislation. Appropriate standards in place helped to achieve effective outcomes for people.

Staff support: induction, training, skills and experience

- Staff received appropriate support to carry out their roles effectively. Staff said that the registered manager was always available if they needed to discuss anything related to their work.
- Supervision records indicated discussions in these meetings was brief and the sessions were not as regular as the service's policies and procedures required. The registered manager told us they recognised this and were in the process of introducing a new and improved supervision format and a new record form had also been recently introduced. Both these measures reflected the improvement needed to support staff more effectively.
- The registered manager ensured staff received an annual appraisal when performance and personal development was discussed.
- Staff understood their role and responsibilities well. New staff were shadowed and trained by more experienced staff on how to meet people's individual needs. A relative told us, "All the staff seem to know their stuff and have had the right training."
- People were supported and cared for by appropriately trained and skilled staff. They told us they received annual training in a wide range of topics to help them understand people's needs, including dementia, health and safety, nutrition and how to use equipment safely. Staff also received specialist training where this was needed to meet some people's specific medical needs.
- The registered manager showed us induction records which evidenced all new staff received a comprehensive induction. The registered manager said training was refreshed annually and delivered by a variety of methods including e-learning and classroom-based learning.

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

- People were supported to eat and drink enough to maintain a balanced diet. They told us they were supported by staff appropriately at meal times. They said their help and support was agreed with them when their care plan was drawn up.
- Staff were aware of people's specific dietary needs, they told us people's individual wishes and preferences were provided for wherever possible at meal times.

- Where required staff supported people to drink thickened fluids to reduce their risk of choking.

Supporting people to live healthier lives, access healthcare services and support

- The provider worked well together with appropriate health services such as GPs, dentists and opticians to make sure people's needs were met. Care plans included details of involved health professionals and there were procedures for staff to follow in reporting any health emergencies and summoning assistance when required.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. The registered manager knew what they were responsible for under these principles.

- Staff had a thorough understanding of their role to support people in line with the MCA. They were aware of the processes needed to be followed when people did not have capacity to consent to decisions about their care.
 - Where people lacked capacity to make decisions about the accommodation, care and support they received, they were supported with mental capacity assessments undertaken by the relevant person.
 - Where best interests assessments were carried out, staff acted on their findings and implemented their recommendations.
 - Where people lacked capacity and needed certain restrictions to keep them safe, care records detailed the restrictions in place.
 - The details contained within peoples DoLS authorisations included the dates of assessments, the period for which the deprivation was valid and when the DoLS authorisation would expire. This helped the registered manager to monitor the authorisations and associated conditions and renew them when they were about to expire.

Is the service caring?

Our findings

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

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

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

- Relatives were positive about the staff and the care and support provided for their family members. Comments included, "This is a really well-run home, I couldn't have picked a better one for my relative"; "Honestly this is the best place for my [family member]. The staff are so caring, and they treat them with such kindness as well as being respectful of their dignity". "The care is very good, I have no complaints at all, the staff are very kind to people".
- We observed staff treated people with kindness through the inspection, spending much time sitting and talking with them and playing games as requested by people.
- People's individual histories were recorded on their care files. Staff said this helped them to understand people better and engage with them. One staff member said, "It's helpful to have an understanding of people's backgrounds and histories because it gives us so much more to work with and engage successfully with people."

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

- Staff told us they ensured people were involved in decisions about their care such as when and how they received personal care and their choice of clothing. This was supported by people and their relatives who said staff offered people choices. Examples given by staff, included the support people said they would like with getting up in the morning and going to bed, what activities they would like to engage in and their choices of meals.
- Staff understood the best ways to communicate with people to help them make choices and express their views. For example, staff described to us the different ways people who had limited communication expressed their preferences. We observed staff gave people the time they needed to communicate.

Respecting and promoting people's privacy, dignity and independence.

- People were supported to have as much choice as possible in every area of their day to day lives. Comments from relatives included, "My relative is always well dressed and presentable when I visit"; "They [family member] tell me staff treat them with respect and kindness, always being careful to maximise their independence wherever possible". We observed people were well dressed in clean and appropriate clothes.
- Relatives told us staff treated their family members with respect. We observed staff spoke to people pleasantly and used their preferred names.
- Staff told us how they maintained people's dignity when providing personal care, such as ensuring people remained covered as far as possible and that doors and curtains were closed.
- Relatives told us they were welcomed as visitors to the service and kept updated as to their family

member's progress. This has helped people maintain important relationships.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; support to follow interests and to take part in activities that are socially and culturally relevant to people; supporting them to develop and maintain relationships to avoid social isolation

- Care plans were personalised, detailing health needs, backgrounds and people who were important to them. Care plans were kept up to date so they remained reliable for staff to follow.
- People and their relatives said they were fully involved in planning their care and support needs. They said they were given choices as to how their care and support was provided. People's records reflected their preferences and choices for how and when they received support, taking account of their specific needs. Staff said they helped people to make their own decisions about their care provision wherever possible.
- Staff understood people's needs and how these should be met. One relative said, "This is why we are so pleased the staff team here is so stable. It enables both people and staff members to get to know each other and develop trust, as well as understanding people's needs really well". Another relative told us, "Staff seem to have a good understanding of [family member's] needs."
- People's records contained information for staff about the important relationships in people's lives and how people should be supported to maintain these. People were supported by staff to maintain these relationships according to people's wishes and preferences. Relatives confirmed this with us, comments included, "We are encouraged to not only attend care plan reviews but also to go to the celebrations and events held in the home, so we can have fun with our [family members]" and "We are always made welcome by staff and we enjoy seeing our [family member] and in this way we keep up our relationships with them."
- People's lives were enriched by staff helping them to remain engaged and stimulated, to fulfil their wishes, to follow their interests and to take part in activities appropriate to them. The activities coordinator was creative in developing a wide range of individualised activities people had expressed an interest in.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider met the AIS and key information was provided to people in alternative formats if necessary.
- The registered manager regularly spoke to staff about AIS and implemented appropriate methods of communication with people where required.
- Care plans detailed people's individual communication needs.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints policy and procedure in place that people and staff were aware of. People said they knew how to raise any concerns or complaints they might have and they said they were confident issues were dealt with quickly and swiftly.
- Where there were complaints, the registered manager was able to demonstrate what action was taken, in a timely way and how the complaint was resolved.
- Relatives told us that they knew how to raise concerns and were confident that they would be dealt with appropriately.

End of life care and support

- People's preferences and their choices for the end of their lives were recorded in their care plans. This included information in respect of their spiritual and cultural needs. From our discussions with relatives, they told us they were supported to make decisions about people's preferences for end-of-life care. People's end of life wishes were carried out as set out in their care plans.
- Staff received end of life training that they told us had helped them to deal with people sensitively in this difficult area of support planning.

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 good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led.

Leaders and the culture they created promoted high-quality, person-centred care. Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, relatives and staff consistently told us the service was well-led. There was a warm and friendly culture within the service with a clear drive to provide high quality care. Comments we received from relatives and staff included, "The registered manager and staff team are totally committed to this service"; "The manager is very good, she is always here and never minds getting stuck in or providing advice and support for us all."
- People and staff told us the management approach created an open and empowering culture in which they felt able to contribute their thoughts and suggestions. They said they were encouraged to participate in the development and improvement of the service that people received and that this provided them with much improved job satisfaction.
- There was a good governance system in place to ensure there was appropriate oversight of the service to identify improvements needed.
- Competency checks were carried out on staff to monitor the quality of the care being given.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The ethos, vision and values of the service were led by the provider and registered manager. People and staff all told us the registered manager and management team were very approachable. One relative told us, "The registered manager is very approachable. They are always looking for ways to improve."
- Staff shared the vision of the service to provide person-centred care and to put people first. Comments from staff included, "The managers are so good, exceptionally caring, they listen and act upon any concerns or complaints"; "She's [the registered manager] always here to support us"; "I wouldn't want to work anywhere else now, the team work is really good and I feel that we are all working to provide the best care for people."
- People received their care from a service that continually monitored standards and constantly looked at how improvements could be made. The governance and improvement agenda were firmly embedded into all areas to improve service provision.
- There were regular quality checks on care files, care logs, medicines records, staff files and other records. These were effective in identifying improvements needed, such as if there was an increase in numbers of falls or if staff training was due.
- Management monitoring tools included systems to review incidents and accidents which helped to ensure action was taken to prevent a recurrence. The registered manager was aware of their responsibility to submit notifications to CQC of notifiable events. Notifications had been submitted in a timely way.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's assessments and care plans included their equality characteristics and individual preferences. The provider considered people's gender, ethnicity, religion, culture, disability, medical conditions, likes and dislikes and personal interests when carrying out assessments and planning people's care and support.
- Staff had the opportunity to share their opinions on the service in team meetings, in supervisions and with the managers 'open door' policy. We observed an open culture within the staff team and the management team.

Continuous learning and improving care

- The provider had robust procedures in place regarding reporting and learning from things went wrong.
- The registered manager told us they carried out regular checks of the quality and safety of people's care. This included checks of the environment and equipment used for people's care and checks of medicines and care plans. Regular checks were also made of any accidents and also for people's health and nutritional status and any related incidents, such as weight loss, infection or skin sores. This helped to identify any trends or patterns to inform any changes that may be needed to improve people's care.

Working in partnership with others

- The provider worked in partnership with the local authority and other healthcare agencies such as social workers and commissioners. This helped to ensure that care and support was up to date with current best practice in relation to people's specific needs.
- The provider and registered manager had grown their networks with partnership agencies and charities. They took a pro-active and practical approach to involving themselves in local and national projects and initiatives.
- The registered manager and management team worked in a collaborative way with other agencies. A range of care professionals described the excellent working relationships the staff had promoted for the benefit of people who used the service. A professional told us, "Staff are really dedicated and enthusiastic. They are involved in multidisciplinary meetings and give ideas to produce better outcomes for people."