



LONDON BOROUGH OF SUTTON

CHIEF EXECUTIVE'S DIRECTORATE

HEALTH & SOCIAL CARE CATEGORY MANAGEMENT TEAM

ADULT SERVICES QUALITY ASSURANCE REPORT

ADULT'S SERVICES PRE QUALITY ASSURANCE VISIT CHECKLIST

Check Indicator	Yes/No	Comments
Review previous QA report	Yes	<p>26/02/15 Brenda Johnson – Manager did not receive a copy of the report for final approval and sign-off. Follow up visit by Maureen Pye & Simone Lozer on 24/09/15 confirming all improvement/actions had been completed.</p> <p>Visit by Laura Miller in May 2017 (<i>due to unforeseen circumstances LM was unable to produce a report but was able to give some feedback at the end of the visit. House Manager/Administrator confirmed recommendations had been implemented e.g. recording compliments</i>).</p>
Review incident/safeguarding sheet	Yes	
Review any formal complaints or compliments received	Yes	
Check Regulator's rating	Yes	<p>CQC Inspection 10th October 2017. Rated GOOD overall.</p> <p>Safe = Good, Effective = Good, Caring = Good, Responsive = Good, Well-led = Good</p>
Discuss with Category Manager any themes emerging	No	
Professionals feedback	Yes	

PROVIDER NAME: Churchill Residential & Nursing Homes Ltd				DATE: 31/05/18	
ADDRESS FOR VISIT: St Jude's Nursing Home 29-31 Mayfield Road Sutton SM2 5DU Contact details of Registered Manager: Patricia M Fyfe RN1 RM CQC Registered Manager Tel: 020 8643 1335 Email: manager@stjudesnursinghome.co.uk Karen Wood, House Manager/Administrator					
REASON FOR VISIT:					
Full Announced Quality Assurance Visit	X	Full Unannounced Quality Assurance Visit		Spot Check/Themed Visit	
Alert to Category Management Team		Contractual non-compliance		Action from Safeguarding Meeting	
Other (please state)					

FM	Fully Met	PM	Partially Met	NM	Not Met
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NB: Judgement is based solely on evidence seen on the day of this visit.

Overview

At the time of this visit there were 5 LBS funded residents; 15 Sutton CCG residents; 1 Richmond resident; 1 Wandsworth CCG resident; 1 Lambeth CCG resident; 17 self-funding residents. There are currently no vacancies.

St Jude's is situated in a residential road close to Sutton town centre and within easy access of public transport. There is ample space at the front of the property for parking.

35 single rooms and 2 double rooms have en-suite facilities. All have central heating, wall mounted TV's, profiling beds and a call bell system. There are 3 communal bathrooms and a toilet on the ground floor. Communal areas are light and airy, furnished with comfortable furniture and well decorated. There is a spacious conservatory which leads onto a large, accessible and well maintained garden with raised beds, garden furniture and sensory items.

Rooms seen on the day were furnished nicely and personalised to the residents' individual tastes and choices. There is a photograph of the resident on their door and a memory box.

There are bright, decorative noticeboards displaying upcoming events and relevant information. There is a board with photographs and names of staff.

The hair and beauty salon is situated on the ground floor and a hairdresser visits 3 times a week and takes time to chat to the residents.

There is a quiet library area overlooking the garden and there are plans to turn this space into a small café or sensory area. This will be discussed at a meeting in June with staff and residents before a decision is made.

St. Jude's has a resident dog called Luna who is very popular with residents; she is taken for a walk twice a day by a resident and carer.

STANDARD ONE

MEETING THE NEEDS OF SERVICE USERS

Linked to CQC fundamental standards: Person-centred Care, Dignity & Respect, Consent, Food & Drink

Care Planning & Risk Assessments

Individual service user's needs (as identified in assessments, care plans or risk assessments) are being fully met.

FM PM NM

- Needs recorded very clearly in Personalised Support Plans with evidence of the involvement of the service user, relatives and advocates.

✓

<ul style="list-style-type: none"> Service users' needs, goals and aspirations are sought and recorded; there is clear evidence of what has been put in place (effort), how effective it was (effect) and the difference it has made to service users' health and well-being (impact). 	✓		
The service maintains good records on individual service users to help ensure needs are being met.	FM	PM	NM
<ul style="list-style-type: none"> Care Plans and risk assessments are reviewed regularly. 	✓		
<ul style="list-style-type: none"> Consent to share information, care and treatment forms in place. 	✓		
<ul style="list-style-type: none"> Detailed life histories on files. 	✓		
<ul style="list-style-type: none"> End of Life Care Plans in place. 	✓		
<ul style="list-style-type: none"> Staff complete detailed daily record sheets including times, dates, tasks, comments and signature. 	✓		
All service users and carers are clear what the nature and purpose of the service is and the outcomes that are being sought for them.	FM	PM	NM
<ul style="list-style-type: none"> Service users have ownership of their support plans and are aware that they can initiate reviews. 	✓		
<ul style="list-style-type: none"> Care Plans have clear outcomes with evidence that the service users and their relatives have been involved. 	✓		
Service users have good quality information on the service including service standards and how to complain.	FM	PM	NM
<ul style="list-style-type: none"> Service users are given a comprehensive Service User Guide. 	✓		
<ul style="list-style-type: none"> Service users are given a copy of the Complaints Procedure in a format appropriate to their needs. 	✓		
<ul style="list-style-type: none"> There is evidence of the involvement of Advocates/Volunteers/Befrienders. 	✓		
<ul style="list-style-type: none"> Up to date literature available re Advocacy Services. 	✓		
<ul style="list-style-type: none"> Evidence of support services in place where required. 	✓		
Personal Care	FM	PM	NM
<ul style="list-style-type: none"> Services users have a selection of toiletries of their own choice e.g. shampoo, shower gel, toothpaste, deodorant etc. 	✓		
<ul style="list-style-type: none"> There is evidence that toothbrushes, soaps, flannels etc. have been recently used. 	Not checked		
Diet & Nutrition/Medication	FM	PM	NM

• Menus are appropriate to service users' specific needs.	✓		
• There is a choice of well-balanced, nutritious menus (good quality fresh food).	✓		
• Food, fluid and weight charts are in place and regularly monitored.	✓		
• High or low calorie foods and special diets are available.	✓		
• There is a record of Medication Audits which are regularly undertaken by the pharmacist.	✓		
• Regular internal medication audits are undertaken and recorded.	✓		
• MAR sheets include the time when medication is to be administered. Staff sign MAR sheets when medication is dispensed.	Not checked		
Activities & Engaging with the Community	FM	PM	NM
• Dedicated Activity Co-ordinator employed by the service	✓		
• Activities are age appropriate and stimulating	✓		
• Choice of activities (including outdoors). There are accessible activities and social opportunities for the service users.	✓		
• Service has its own transport.	✓		
• There is evidence of service users accessing activities and on trips/holidays (photographs/memory books).	✓		
Accessible Information Standard	FM	PM	NM
• Are you fully compliant with the Accessible Information Standard which is in effect as of 31 st July 2016?	✓		
Comments: Menus are seasonal and planned fortnightly by the chef who uses fresh ingredients. There are always 2 main choices plus an alternative. To assist residents who are unsure on the day the chef will plate up the 2 meals and show them to the residents to enable them to make a choice. Residents can decide to eat in their rooms if they prefer and meal times are flexible. The chef fortifies food by adding cheese, cream and butter and bakes fresh cakes daily. A variety of drinks and snacks are available throughout the day and at night. There is a notice board in the kitchen which has a photograph of each resident and a record of their special dietary requirements. During my visit the chef brought a sample of the lunch meal to Patricia in order for her to taste it and comment. She told me that this is done every day and the chef welcomes feedback.			

I spoke to Helen, the Activities Co-ordinator at length and she appears very passionate about what she does. She told me that she goes through each resident's life history and with their help builds a smart, flexible profile of the type of activities that they would like to do. In some cases relatives and staff help to put this together. Detailed activities records are kept for each resident and include group activities (1 per day) and individual sessions. She also undertakes one to one sessions for those residents who are bed-bound and staff often take the time to read to them in their rooms. Photographs are taken of residents doing various activities and these are shared with relatives and friends. Typical weekly activities include chair aerobics, stretch & relaxation sessions, seasonal arts & crafts, sensory workshops, baking, karaoke and memory games. On Saturdays there is a Movie Club with musicals, classic films and popcorn. Regular special events take place, for example birthday celebrations, musicians & entertainers and vintage afternoon tea with live entertainment.

There is an annual calendar of events which includes Singing with local nursery children; royal wedding celebrations; Easter celebrations and various trips out including Woodcote Garden Centre, Lavender Fields and a trip to Brighton in July for fish and chips on the pier.

Residents' individual life histories are laminated and put in their rooms so that staff can read them easily and get to know them better.

STANDARD ONE – OVERALL JUDGEMENT

FM
✓

PM

NM

STANDARD TWO

QUALITY ASSURANCE/INCIDENTS & ACCIDENTS/COMPLAINTS & COMPLIMENTS/SAFEGUARDING

Linked to CQC fundamental standards: Safety, Safeguarding from Abuse, Complaints

Quality Assurance

FM

PM

NM

- There are systems in place to monitor service quality. These are used to identify and address areas where improvements can be made.

✓

- Service users, relatives, staff and other professionals are actively encouraged to give their views about the service e.g. what works and what could be better. A range of methods is used to do this.

✓

- There is evidence that actions have been taken to improve the service following feedback from service users, staff or other professionals.

✓

Incidents & Accidents

FM

PM

NM

• The provider telephones 111 #6 for medical advice rather than 999 (except in an emergency)	✓		
• The service reports incidents/accidents promptly and informs external agencies and relatives where appropriate.	✓		
• Incidents/accidents are logged and recorded showing nature of incident/accident, actions taken and outcomes.	✓		
• How many incidents/accidents involving residents have been recorded in the last 12 months?			38
• Of which, how many were <u>falls</u> ? (excluding loss of balance, slips from chairs, found on floor)			12
Complaints & Compliments	FM	PM	NM
• Complaints Procedure in place and regularly updated.	✓		
• Complaints are logged and recorded giving full details of the complaint, the action taken and the outcome, including any improvements made to the service as a result of the complaint.	✓		
• Lessons have been learned from complaints and improvements have been made as a result.	✓		
• How many complaints have been recorded in the last 12 months?			0*
<i>*There have been no formal complaints. Four minor issues that were raised and dealt with before becoming complaints have been recorded showing action taken and outcomes.</i>			
• How many compliments have been recorded in the last 12 months?			Many
Safeguarding	FM	PM	NM
• Safeguarding Policy & Procedure in line with PAN London in place and regularly updated.	✓		
• All staff have up to date and relevant levels of safeguarding training and have regular guidance at supervision and team meetings.	✓		
• Staff have an understanding of the types of abuse and know who to report concerns to.	✓		
• There is evidence that safeguarding issues have been reported properly and dealt with proactively within specified timescales.	✓		
• There is evidence of lessons learned from safeguarding incidents.	✓		

• How many safeguarding incidents have there been in the last 12 months?	4
• How many safeguarding incidents were resolved	4
• How many safeguarding incidents are still outstanding	0
Comments: <p>There are regular residents and relatives meetings which are minuted. These meetings are themed, for example Raffle, Pass the Parcel, Smelling Game and are used to share information, gather feedback and views and to get ideas for future trips, activities etc. Last residents meeting was held in February and the next one is planned for 14th June 2018. Most recent relatives meeting was held in March and the next one is planned for 12th June 2018, again these are themed for example Cheese & Wine tasting, Dementia Friends session, Spice Sausage Supper.</p> <p>The service has received numerous compliments. These are recorded and kept in a folder after being displayed and shared with staff.</p>	
Feedback from relatives: <ul style="list-style-type: none"> ▪ To everyone at St Jude's, you made mum's stay there great. We will never forget all the love and care you gave mum. (January 2018) ▪ Thank you and your staff for the care they gave my wife in her last days and the expressions of sympathy. (March 2018) ▪ Thanks to you and everyone at St Jude's for taking excellent care of dad. I have happy memories of his stay at St Jude's including the parties which we enjoyed so much. Once again, many thanks. (March 2018) 	
STANDARD TWO - OVERALL JUDGEMENT	
<div> <div>FM</div> <div>✓</div> <div>PM</div> <div>NM</div> </div>	

STANDARD THREE QUALITY OF THE ENVIRONMENT (Accommodation based services only)			
Linked to CQC fundamental standards: Premises & Equipment			
Premises	FM	PM	NM
• The layout of the building allows service users to move freely and to socialise or be with other people.	✓		
• There is an accessible garden which service users are encouraged to use.	✓		
• The service offers a safe environment addressing both the physical and emotional needs of the service users.	✓		

<ul style="list-style-type: none"> The environment is clean and there is good hygiene. 	✓		
Equipment	FM	PM	NM
<ul style="list-style-type: none"> Equipment is used appropriately and is well maintained. 	✓		
Fire			
<ul style="list-style-type: none"> There is good signage and fire exits are clearly marked and free from obstruction. 	✓		
<ul style="list-style-type: none"> Fire safety records are up to date and Personal Emergency Evacuation Plans (PEEPS) are in place. 	✓		
<ul style="list-style-type: none"> Are there any outstanding London Fire Brigade Enforcement Notices? 	No		
<ul style="list-style-type: none"> There is an up to date Fire Risk Assessment which is regularly reviewed. 	✓		
<ul style="list-style-type: none"> The service notifies the LFB of any P1 service users and ensures appropriate risk assessments are in place 	N/A		
<ul style="list-style-type: none"> Maintenance Records are up to date including: Fire Alarm, Fire Extinguishers, Emergency Lighting, Gas, Lift Maintenance, Hoist Servicing, PAT (Portable Appliance Testing), Pressure Mattresses, Pull Cords/Emergency Bells, Water temperature checks. Legionella test. 	✓		
<ul style="list-style-type: none"> The Food Standards Agency Hygiene rating is: 			4
<p>Comments:</p> <p>There is a dedicated housekeeping team of 5 people and this is reflected in the standard of cleanliness throughout. All areas which I visited, including bathrooms and toilets, were clean and tidy and free from malodours. There is a warm, homely atmosphere throughout the property. Access to the kitchen is restricted by a key-pad entry system and staff entering must wear a hairnet and white coat.</p> <p>There is good signage throughout the home and fire exits were clearly marked and free from obstruction.</p> <p>Residents are encouraged to use the garden for relaxing or doing gardening and other outdoor activities. There is a potting shed (with wheelchair access) and a raised bed with a wheelchair path. On the day of my visit some residents were in the garden with the Activities Co-ordinator planting the raised bed; they were very animated and appeared to be enjoying themselves.</p>			
STANDARD THREE - OVERALL JUDGEMENT	FM ✓	PM	NM

STANDARD FOUR STAFF SKILLS, KNOWLEDGE AND PRACTICE/RECRUITMENT			
Linked to CQC fundamental standards: Staffing			
	FM	PM	NM
<ul style="list-style-type: none"> There are sufficient numbers of staff in place to deliver an effective service. 	✓		
<ul style="list-style-type: none"> Rotas are planned in advance and contingencies are in place to cover staff leave, sickness and other short notice absences. 	✓		
<ul style="list-style-type: none"> All staff have, or are given the opportunity to receive the flu jab (winter only) 	✓		
<ul style="list-style-type: none"> All staff have up to date mandatory training including MCA & DoLS, Emergency First Aid, Food Hygiene, Safeguarding (all relevant levels), Infection Control, Medication, Health & Safety and Moving & Handling. 	✓		
<ul style="list-style-type: none"> Staff have up to date training relevant to the service user group or Lot, for example: Challenging Behaviour, Autism, Dementia, End of Life Care, Epilepsy and Dysphagia. 	✓		
<ul style="list-style-type: none"> There is regular staff supervision and annual appraisal; there is a culture where on-going learning and development is evident. 	✓		
<ul style="list-style-type: none"> Staff have individual development plans and are encouraged to advance within the service. 	✓		
<ul style="list-style-type: none"> There are regular staff meetings which are minuted. Staff are encouraged to give their views and ideas about how the service is run and those views are considered. 	✓		
<ul style="list-style-type: none"> Staff are made to feel valued for their good work e.g. incentive schemes, employee of the month, staff rewards. 	✓		
<ul style="list-style-type: none"> The staff recruitment process ensures risks to service users are minimised. 	✓		
<ul style="list-style-type: none"> There is a robust Recruitment Policy in place: there is evidence that all staff have at least 2 references and an up to date DBS check, full employment history (with any gaps accounted for), Certificate of Good Conduct for workers from overseas. 	✓		

<ul style="list-style-type: none">Where applicable there are relevant visas, residence permits and Home Office documentation which confirms staff rights to work.	✓		
Staffing Levels			
<ul style="list-style-type: none">Total Number of Permanent Care Staff			30
Other permanent staff includes Registered Manager, House Manager/Administrator (1 ½), 2 cooks, 3 kitchen assistants, 5 house-keepers, Activities Co-ordinator (1) – <i>currently trying to recruit another part-time activities co-ordinator</i>			
<ul style="list-style-type: none">Total Number of Bank Staff			5
<ul style="list-style-type: none">Are staff paid at least the minimum wage for 21+ year olds			Yes
<ul style="list-style-type: none">Are staff paid the London Living Wage	(Senior Staff)		Yes
St Jude's do not use Agency staff, however the CCG employ 1 to 1 agency staff as required. At the time of this visit there were 4 CCG agency staff on day shifts and 2 on night shift.			

SHIFT PATTERNS	
8 am to 8 pm	2 nurses + 7 care assistants and activities co-ordinator (+ CCG agency)
8 pm to 8 am	1 nurse + 4 care assistants (+ CCG agency)
Manager and House Manager on site Monday to Friday	
Patricia advised me that she had recognised that residents' needs were changing and they were requiring more support from staff at certain times of the day, for example meal times. This has been addressed by adding a 7 am to 7 pm shift and extra staff from 12 noon to 7 pm to assist with breakfast, lunch and supper where residents require more time and support.	
National Minimum Data Set (NMDS)	
Register updated 24 th April 2018	

Comments:

All staff seen on the day were wearing smart uniforms and interacted with residents in a friendly and cheerful manner. They took time to talk to residents and were responsive and supportive.

Staff try to use residents' strengths and abilities in a positive way to support them to be as independent as possible and they are encouraged to help with useful tasks around the home, for example a resident was assisting a care assistant to fold table cloths and napkins and appeared happy doing this.

I spoke to the Clinical Lead, Elena, who told me she had been at St Jude's for nearly 4 years. She said with great support and encouragement from Patricia, who is a very good boss, she managed to develop into the Clinical Lead role within 8 months and will be finishing her Level 5 Diploma in Management & Leadership in August 2018. She also told me that St Jude's is like having a second family and staff are very happy which makes the residents happy too.

Patricia told me that there is around a 50/50 split between staff who have been there for many years and new staff. She told me that recruiting staff who want to stay long term can be difficult. There are a number of staff incentives, for example £50 for employee of the month, birthday gifts and Christmas bonus but she feels they could possibly do more and is thinking about it. One possibility might be to improve the staff room.

STANDARD FOUR - OVERALL JUDGEMENTFM
✓

PM

NM

STANDARD FIVE - MANAGEMENT AND LEADERSHIP**Linked to CQC fundamental standards: Good Governance, Staffing**

	FM	PM	NM
• There is an electronic call bell system in place.	✓		
• Managers understand the needs of both service users and staff.	✓		
• Managers and staff seek, record and act on feedback from practitioners and families who have contact with the service.	✓		
• There is effective leadership within the organisation, for example, managers set priorities that are clearly communicated and understood by staff. There is good support from higher management.	✓		
• The service is compliant with CQC.	✓		

• Insurance policies are up to date and to the levels stipulated in the contract conditions.	✓		
• There is a robust Contingency Plan/Local Business Continuity Plan in place which is regularly reviewed.	✓		
• The service is being managed in a planned way and is therefore able to respond in a considered way when problems or crises occur.	✓		
• Managers are aware of the strengths of their service and are honest and open about any difficulties. Staff are encouraged to do the same.	✓		
• The manager has excellent organisational skills and is visible and available responding promptly to enquiries and requests.	✓		
• Policies & Procedures are in place and reviewed regularly including Safeguarding Policy & Procedure in line with PAN London, Whistle-Blowing, Gratuities, Recruitment and Selection, Medication, Lone Working, Data Protection Act Procedure and Health & Safety Policy & Procedure.	✓		
• GDPR Compliant (as per National Data Guardian 10 Data Security Standards below) <i>The manager has had the relevant Information Governance training and has cascaded the necessary information to staff through team meetings and supervision. Office staff are aware of the changes and new ways of working.</i>	✓		

Comments:

Both Patricia and Karen are approachable, friendly and professional. They were able to access information easily and answered questions confidently. There is an open-door policy within the home and residents often pop in to the office to have a chat. Patricia will be completing her Level 5 Diploma in Management & Leadership later in the year.

To complement the Statement of Purpose and Service User Guide, a small personalised colour leaflet has been produced which will be given to new residents. The leaflet is person-centred and welcoming, it includes the resident's name and room number, name and photograph of the resident's key worker and care assistant and details of routines within the home, meal choices and preferences for the future.

STANDARD FIVE - OVERALL JUDGEMENT	FM ✓	PM	NM
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Signed:

Designation: Quality Improvement Officer

Date: 18/06/18

Approved: Stephen Hardisty (by email)

Position: Category Manager

Date: 18/06/18

As part of our Quality Audit process we will be sharing the outcome report with you the provider. This will give you the opportunity to read the report and confirm it is a true reflection of the Quality Audit visit and any improvements or actions identified in Appendix 1.

Please sign and date below and return to the Officer by Wednesday 20th June 2018

Should you not agree with the report, please give your reasons in writing to the Quality Improvement Officer by the above date. If we do not receive signed confirmation from you by the due date, we will take the view that you agree with the report.

Provider name: St Jude's Nursing Home

Signature: Agreed by Patricia Fyfe, Registered Manager

Date: Email on 15th June 2018

All responses must be emailed to: maureen.pye@sutton.gov.uk

Appendix 1

IMPROVEMENT PLAN – NO ACTION REQUIRED				
Identified Issues	Required Outcome	Date Outcome to be achieved by?	Date Supporting Evidence supplied	Comments <i>(adjustment timescales for outcomes, further evidence asked for, etc.)</i>
STANDARD ONE				
STANDARD TWO				
STANDARD THREE				
STANDARD FOUR				
STANDARD FIVE				