



# Inspection Report on

**St Jude Care Home**

**ST. JUDE CARE HOME  
60-64  
STACEY ROAD  
CARDIFF  
CF24 1DW**

## **Date Inspection Completed**

05 November 2020

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## About St Jude Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	E & A Homes limited
Registered places	38
Language of the service	English
Previous Care Inspectorate Wales inspection	19 November 2019
Does this service provide the Welsh Language active offer?	This was a focused inspection: we did not consider Welsh Language provision on this occasion.

### Summary

St Jude Care Home provides care, support and accommodation for adults who are living with dementia. There is currently no Responsible Individual (RI) at the service registered with Care Inspectorate Wales. A manager is in place who has registered with Social Care Wales, the workforce regulator.

This inspection was unannounced. The home is overall clean and welcoming. Infection control measures are mostly in place throughout the home. The entrance to the home is protected and visitors have to ring to gain entry.

People living at at St Jude are happy with the support they receive. Although the service has established systems to ensure the care and support provided at the home is of a good standard further improvements are required in regard to care documentation, environment and oversight of the home.

The service does not meet legal requirements regarding some aspects of quality of care, reviews, RI visits and notifications.

## Well-being

The home environment is suited to people's needs. People can move freely in accordance with their abilities and assessed risks. Bedrooms are personalised and communal areas are spacious. At this time, visiting is restricted because of the COVID-19 pandemic, but under normal circumstances, people are able to receive visits from family and friends at any time.

During our visit, we saw staff had time to spend with people and assist with individuals needs as well as sit and chat in communal areas. People enjoy a range of activities at the home and we saw staff assisting people in the dining areas making Christmas decorations and people appeared happy. The home has been closed to visitors since March 2020 because of the COVID-19 pandemic, so people require extra social and emotional support from staff. We saw staff available throughout the home at the time of the visit providing responsive care to meet people's individual needs.

People told us that, over the recent months, they had been able to maintain regular contact with people that matter to them through virtual technology and telephone conversations. At this time there are only 26 people living at the home therefore this area needs to be reviewed to ensure people remain supported and do things that matter and make them happy.

Staff use appropriate PPE to reduce the risk of infection. The service has appropriate infection control measures and visiting procedures. Care workers say there are sufficient supplies of personal protective equipment (PPE) and they know what to use when, and how.

People have a choice of meals and drinks to suit their nutritional needs and preferences. We saw people enjoying the meals provided and observed a calm, social time for people to enjoy. The home has been awarded a 3 star (generally satisfactory) food hygiene rating and we observed the meal time experience for people was positive and people received support by staff who assisted with their needs.

Overall care staff treat people with respect and have good relationships. During our visit we saw staff interacting positively and people told us they had a good working relationship that was respectful. We saw staff putting people at ease through conversation and humour. People told us that they benefit from good relationships with the manager and staff.

## Care and Support

People are not always as healthy as they can be and do not always receive proactive care. We saw care documentation did not contain the required information, to guide staff and visiting professionals to ensure the correct care is identified and provided. We saw a personal plan for one individual did not contain any information, to identify how the individuals care and support needs are to be met on a day-to-day basis. We looked at a further sample of personal plans and found they had not been reviewed every three months or revised as necessary. We informed the registered person improvements in care documentation are urgently required to support people's health care needs. To help to improve care further, daily notes could be more person centred and reflective.

We saw evidence people have access to a range of health care professionals such as district nursing teams, GP, opticians, dentist and chiropodist who visit regularly. We saw personal care plans are not well organised and did not always provided up-to-date information. The plans we viewed were not kept under review and had not been amended and developed to reflect changes in individual care and support needs and personal outcomes. We found risk assessments had not been updated following incidents or falls. Personal plans had not been appropriately revised to identify risks and prevent further falls occurring. We requested this be followed up immediately. The manager told us that all documentation was in the process of changing over to electronic care records.

Policies and staff training for medication management are in place to ensure safe practice. The medication administration records (MARs) have regular audits and any shortfalls are noted, so the service can take appropriate action, for example retraining or updating staff. We noted some MARs did not contain all the required information and this area was brought to the manager's attention immediately.

Care staff know the people they support well, therefore, they can recognise any deterioration in health and well-being.

## Environment

Overall people are cared for in a clean and secure environment. The home provides accommodation over three floors. There are sufficient bathing and toilet facilities for people living at the home. We observed staff undertaking cleaning duties throughout the home and we found the home to be clean and mostly well maintained. Infection control measures are in place. We saw hand sanitisers appropriately positioned on each floor and throughout corridors of the home. However, we found hazardous fluids, which were not stored correctly in line with the COSHH (Control of Substances Hazardous to Health) Regulations 2002. We informed the registered person of our concerns who told us the matter would be addressed immediately.

Visitors had to ring the front door bell to gain entry. We were not requested to sign the visitor's book on entry nor exit from the home and we were not asked for proof of identification prior to entering the home. Staff informed the manager of our arrival and also checked we wore the appropriate PPE (Personal protective equipment) prior to entering the home.

As this was a focused inspection this area will be followed up at the next visit.

## Leadership and Management

There has been no registered responsible individual (RI) in place since the previous RI left the service in January 2020. The manager has been undertaking this role and completing the regulation 73 visits and appears to have some oversight of the service but the regulatory requirements of the role concerning three monthly service visits and quality of care reviews are not fully met.

The service provider failed to notify the regulator in January 2020 that the responsible individual was unable to fulfil their duties for a period of more than 28 days and failed to inform the regulator of any interim arrangements in place for the service. Legal requirements are not being met in relation to this.

Policies and measures are in place, such as for complaints, incidents, medication and safeguarding, these systems also help the service to self-evaluate, and identify where improvements are required. However, the provider has failed to notify the service regulator of notifiable events as required since January 2020, despite the advice provided by the registration and enforcement team to register an online assistant. Legal requirements are not being met in relation to this.

Further work is immediately required to ensure the provider addresses the issues identified within this report regarding the improvements required.

### Areas for improvement and action at the previous inspection

<p>The service provider must have a safeguarding policy which sets out the procedures to be followed in response to any allegation or evidence of abuse, neglect or improper treatment.</p>	<p><u>Regulation 27 (1) (b)</u></p>	<p><b>Achieved</b></p>
<p>The responsible individual must consult with people using the service and staff as part of their quarterly monitoring visits.</p>	<p><u>Regulation 73 (1) (b)</u></p>	<p>There is currently no responsible individual registered at the service.</p>
<p>The responsible individual must a complete bi-annual quality of care review report.</p>	<p><u>Regulation 80 (4)</u></p>	<p>There is currently no responsible individual registered at the service.</p>

We expect the service provider to take immediate and effective action to address the above matters.

### Areas where immediate action is required

<p>The service provider has failed to notify the service regulator of notifiable events as required under Regulation 60 since January 2020.</p>	<p><u>Regulation 60</u></p>
<p>The service provider has failed to notify the regulator the previous responsible individual;</p> <ul style="list-style-type: none"> <li>• Is unable to fulfil their duties for a period of more than 28 days.</li> <li>• Failed to inform the regulator of any interim arrangements in place for the service.</li> </ul> <p>The responsible individual left the service in January 2020</p>	<p><u>Regulation 9 (5) (a) (b)</u></p>
<p>The service provider has not ensured that care and support is provided in a way that protects, promotes and maintains the</p>	<p><u>Regulation 21(1)</u></p>



safety and well-being of individuals.

- We saw evidence from the personal files that indicated people living at the home did not have robust assessments and plans of care in place that acknowledge and instruct how their health needs are to be met.
- Following a serious fall occurring for one resident; we saw that the persons care file had not been updated to prevent further potential falls. There was no entries in the documentation regarding the instructions and advice from the hospital regarding any observations required.
- One personal plan we looked at did not contain information on how on a day to day basis the individuals care and support needs were to be met. The plan contained no record how the individual will be supported to achieve their personal outcomes and the steps which will be taken to mitigate and identified risks to the individual's well-being.
- Further personal plans we looked at did not contain revision of the plan and risk assessment following a fall/incident to prevent further potential falls/incidents.

### Areas where improvement is required

The service provider has not ensured the premises are free from hazards to the health and safety of individuals and any other persons who may be at risk, so far as is reasonable practicable. This is because;

- We found hazardous fluids which were not stored correctly in line with the COSHH (Control of Substances Hazardous to Health) Regulations 2002

Regulation 44(g)

We have not issued a priority action (non-compliance) notice on this occasion. This is because there is no immediate or significant outcomes for people using the service. We expect the registered provider to take action to rectify this and we will follow this up at the next inspection.

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