

# Somerset Redstone Trust

# St John's Court

## Inspection report

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Date of inspection visit:  
17 May 2016  
20 May 2016

Date of publication:  
17 October 2016

## 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

St John's Court is registered to provide nursing care and accommodation to up to 42 older people. At the time of our inspection 37 people were living there.

The inspection took place on 17 and 20 May 2016 and was unannounced.

At the time of our inspection a registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living at the home. Staff were aware of how to keep people safe and had undertaken training in this. People had their privacy and dignity maintained and staff were able to describe how they managed this. Throughout the inspection we saw staff to be kind and caring and treated people with consideration.

People and their family members felt sufficient staff were on duty to meet their care and support needs. Agency staff were not used to ensure consistency of care was provided. The registered manager was able to review staffing levels in line with people's needs and increase staffing if needed. Systems to ensure safe recruitment processes and to check the registration of nursing staff were in place.

Staff were supported by the management and received training to ensure they had the skills and knowledge necessary to care for people. Staff were able to attend meetings where they were able to voice their opinions. People's care needs were well known by the staff we spoke with including people's likes and dislikes.

People were asked for their permission prior to receiving care and support so people were able to give their consent. Best interest decisions were in place where people were unable to make an informed decision on their own.

People's healthcare needs were monitored and health professionals were consulted in order to maintain people's well-being. People told us they liked the food available and confirmed a choice was available to them.

People were satisfied with the care provided and were supported in a way they wanted. People had care plans in place describing their needs and risks associated with their care. These were reviewed in line with people's changing care needs.

Staff told us they enjoyed their work and liked the management team. People and their relatives were confident any complaints made would be listened to and responded to.

Systems were in place to monitor the service provided for people as a means to improve the quality of care and support people received. The registered manager had plans to further develop the service provided.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People told us they felt safe living at the home. Staff understood their responsibilities to protect people from the risk of abuse. Risks to people's welfare were identified and plans were in place to minimise the risk. Sufficient staff were on duty and recruitment checks were in place. Medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

People were cared for staff who had received training. Consent was gained by staff prior to providing care and support. People's dietary needs were taken into account. People had access to healthcare provision to ensure their well-being.

### Is the service caring?

Good ●

The service was caring.

People received care and support from staff who were kind and considerate. People were treated with respect and their right to privacy and dignity was promoted.

### Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in planning care and support. People's likes and dislikes were known by staff. People participated in interests they enjoyed. People's views were sought as a means of making improvements. People were confident their concerns would be listened to and responded to.

### Is the service well-led?

Good ●

The service was well led.

People and their relatives were aware of the registered manager and spoke highly of them. Systems were in place to monitor the

quality of the service provided. Where improvements were required action was taken.

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# St John's Court

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 17 and 20 May 2016 and was unannounced. The inspection team consisted of one inspector.

As part of the inspection we looked at the information we held about the service provided at the home. This included statutory notifications. Statutory notifications include important events and occurrences such as accidents and serious injury which the provider is required to send us by law.

We spent time with people who lived at the home and had discussions with seven people about the care and support they received. We looked at how staff supported people throughout the time we were at the home.

We spoke with the registered manager, the deputy manager, the quality compliance manager and five members of staff including health care assistants and care staff. We spoke with seven relatives of people who lived at the home.

We looked at the records relating to three people who lived at the home as well as medicine records. We also looked at staff records, training records and quality audits.

# Is the service safe?

## Our findings

People told us they liked living at the home and told us they liked and trusted the staff. One person told us, "As far as I can tell it is a safe place to live". Another person told us, "I feel safe living here and that is due to the staff". A further person told us, "I think I am lucky to live here because I feel safe." Another person told us, "It's just like living at home. In some ways it's better because I am safe here." Throughout the inspection people's body language showed they were comfortable in the company of the staff.

Relatives we spoke with told us they believed their family member to be safe living at the home. One relative told us they believed their family member to be, "Safe living here". Another relative told us their family member was, "Much safer" now they were living at the home. Relatives spoke of the quality of care provided and the peace of mind this gave them knowing their family member was cared for safely.

The registered manager and the deputy manager had attended advanced training on safeguarding people. They were able to describe the action they would take in the event of abuse reported to them. They were able to update us about incidents they had reported to the local authority since our previous inspection. The registered manager and their deputy manager held the title of safeguarding champions within the home in order to share knowledge with staff members.

Staff members we spoke with were aware of their responsibility to report any actual or suspected abusive practice. Staff told us in the event of any concerns they had about people's safety they would report it. One member of staff told us, "I would stop any abuse taking place and report it at once." Staff we spoke with were confident the registered manager would take any allegations of abuse seriously and would take action to ensure people were safe. Staff were aware of other external agencies such as the Care Quality Commission (CQC) in the event of them wanted to report abuse. Staff confirmed they had received training on abuse and were able to describe different types of abuse people could be subjected to. Policies and procedures regarding safeguarding and whistleblowing were available for staff members to read in the event of them needing this information.

Risks to people's well-being were assessed to ensure people were cared for safely. Staff we spoke with were aware of the risks to people's health, welfare and safe care. Risk assessments were in place for areas such as moving and handling, skin care and eating and drinking to support people live their lives as they choose. We saw people's weight was monitored and any risks were assessed. Adjustments to dietary plans and other risks were made. Care records contained details of techniques to be used to prevent people developing sore skin. The registered manager was aware of incidents which had occurred in the home. For example they were aware of people who had fallen and had carried out audits to identify potential risks and ways to reduce these risks.

Equipment used to transfer people such as hoists were regularly serviced to ensure they were safe for use. Care records indicated staff had checked slings before they were used to make sure they were in good order and safe to be used. A relative told us, "Always two staff when using the hoist, I believed the care provided to be safe."

Staff told us sufficient numbers were on duty to ensure they were able to meet people's care and support needs. Relatives we spoke with also believed sufficient staff were on duty. One relative told us they believed their family member received a good standard of care because many of the staff had worked at the home for a period of time and as a result consistency in the level of care was provided.

Staff we spoke with confirmed they either had two nurses or one nurse and two health care assistants on duty throughout the day. The registered manager told us they could increase the staffing levels if the assessed care needs of people increased to ensure people's needs were able to be met. People we spoke with told us staff usually responded promptly when they used the call bell system. One relative told us, "I have never heard people calling out for help and you don't hear call bells going forever." The provider had systems in place to ensure staff responded to the call system in a timely way.

Staff we spoke with told us they covered shifts when needed and therefore agency staff were not used. The registered manager confirmed they had not used agency staff at the care home for over two years. As a result people had received consistency in the care and support provided to them.

The provider ensured safe recruitment procedures were in place. These included staff having a Disclosure and Barring Service (DBS) check carried out and obtaining references from previous employers. The DBS is a national service that keeps records of criminal convictions. The provider had used the information received to ensure suitable people were employed so people using the service were not placed at risk. The provider had a system in place to ensure nursing staff maintained their registration to practice as a nurse.

People confirmed they received their medicines from staff members. One person told us, "They [staff] always bring me my medication and it's always right." Another person told us, "Nurses supply the medication. I get mine every four hours. They [staff] are very good at that." A further person told us how staff brought their tablets to them regularly and added "They [staff] will give you [pain relief tablet] if you need them."

During our inspection we saw nursing staff and health care assistants administer people's medicines. We saw staff check people's medication records to ensure they were administering to the right person and at the right time. Protocols were in place to guide staff regarding the use of medicines prescribed as and when needed. When staff administered medicines they wore a red tabard asking people not to disturb them in order they could give the task their full attention. The trolleys containing medicines were locked when unattended.

We looked at medicine records and saw these were completed following administration of medicines. Audits of the amount of medicine remaining were carried out on boxed items to ensure the stock remaining was correct. We found that records to evidence the application of creams and ointments were not always completed. The registered manager was confident these items were applied as prescribed. They did however undertake to reassess what we found to ensure people were always having these items applied.



## Is the service effective?

### Our findings

People we spoke with told us they were cared for by staff who had received training. One person told us, "The staff all know what they are doing." Another person told us, "I think they [staff] have training every week."

Staff confirmed they received training relevant to the care and support of people who were living at the home. One member of staff told us, "I have received a lot of training. I find it really interesting". The same member of staff told us they had enjoyed training on the care of people who lived with dementia and told us they gave people more time to respond to questions as a result of the training. We were informed all health care assistants attend annual refresher training and competency assessments associated with that role.

The registered manager was able to show us their 'four year plan' regarding training. This was devised to ensure training was delivered to staff when needed and in order to continually improve the standard of care provided for people. The registered manager confirmed all staff members were up to date with training such as first aid and fire awareness.

Staff told us they received induction training and worked a period of time shadowing experienced members of staff. During this time they worked as an extra member of staff.

Staff told us they were well supported by the management team and nurses. Staff confirmed they attended regular meetings during which they were able to discuss any training needs they had. We spoke with staff and found they had a good understanding of people's care needs and told us they had received the training to enable them to care for people. Staff confirmed they had received training in areas such as the Mental Capacity Act 2005.

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 interest and as least restrictive as possible. The registered manager and deputy manager had undertaken training on the MCA and were due to undertake additional training. We found both had an understanding of their responsibilities under the MCA.

We saw people's capacity in making decisions regarding aspects of their care had been carried out. Where best interests decisions were made on behalf of people who lived at the home. The registered manager was aware these were in relation to specific decisions and these were reached involving suitable people such as family members looking at the least restrictive option. For example best interest decisions were in place regarding the use of equipment such as the use of bedrails to prevent people falling out of bed.

Throughout the inspection we saw staff seek the consent of people they were providing care and support to. Staff checked people were happy with their proposals before any care or support was provided. For example such as leaving the dining room or going to the bathroom.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). As part of this inspection we looked at the DoLS which were in place. Three applications had been authorised by the local authority. The registered manager was aware of other applications which were with the local authority awaiting their assessment.

We spoke with the registered manager and staff members about the DoLS which were in place. We found staff were aware of who had a DoLS and the reasons why these were authorised. The date when the authorisation expired was known by the registered manager and information was available for staff. Therefore staff were aware of when they would need to review whether a further application was needed to ensure they were working in line with the law.

People we spoke with told us they enjoyed the food provided. One person described the food as, "Excellent" and told us, "You get more than you can eat. You can always have something on toast or a sandwich. We have a very good cook" The same person told us, "I always have a drink on my table. If I want a cup of tea I just go to the dining room and they [staff] will make me a cup." Another person told us, "I have just had a very good lunch. I enjoy the food." Throughout the inspection people in communal areas and in their own bedrooms had a drink available to them and within reach. One person told us, "Staff will bring you a hot drink if you want one during the night."

Relatives we spoke with told us they had seen the meals and thought them to be good. One relative told us, "Staff will go to the kitchen and get what people want."

We saw members of staff assist people with their meals where this was needed. The assistance given was carried out in a supportive and sensitive way. Staff were aware of risks to people's well-being in relation to eating and drinking. For example people who required special diets due to a health condition. We were shown some food moulds. The registered manager told us they planned to introduce these to provide people who needed food such as vegetables soften or pureed in a shape which resembled the original.

People we spoke with were confident staff would help ensure their healthcare needs were met. One person told us, "The doctor visits once a week, on a Wednesday. No problem getting to see the doctor at all." Another person also told us the doctor visited weekly and added, "But you can see at other times as well." The same person also told us they regularly saw the chiropodist. A further person told us, "They [staff] are good regarding healthcare professionals." We saw evidence of other healthcare professionals visiting people as needed such as Speech and Language specialist and mental health specialists.

We heard a member of staff who spoke discreetly to a person who lived at the home. The person had indicated they were not feeling too well. The member of staff responded to this person with, "We will get the doctor" and reassured the person about their well-being.

Relatives we spoke with were confident their family member had their healthcare needs met. They told us they would be informed by staff members about any changes in their family member's health. One relative told us staff at the home organised transport for their family member to attend a hospital appointment.

# Is the service caring?

## Our findings

People who lived at the home said they liked living at the home and found the staff who cared for them to be kind. Throughout our inspection we saw friendly banter between people who lived at the home and members of staff. One person told us, "The staff are well meaning and good hearted people." Another person told us, "I can't say a word against them [staff members]".

Throughout the inspection we saw staff care for people in a kind and attentive way to ensure their care and support needs were met. One person told us, "The staff are also so very good. Very helpful and kind." People were seen to look relaxed when in the company of the staff. One person told us, "Very much laughter and banter happens."

Relatives we spoke with were complimentary about the staff and the care their family member had received. One relative described the care provided for their family member as, "Wonderful" and added, "The staff are lovely". The same person told us their family member remained in their bedroom throughout the day. They told us staff would all speak when passing the room. Another relative told us, "They [staff members] care and do the best they can." The same relative also told us, "The staff here enjoy looking after people." A further relative told us of their satisfaction with the level of care provided to their family member and told us this was, "All down to the staff. You won't find anywhere better."

People were provided with choices throughout the inspection. One person told us, "You can ask to go to bed at a different time to your normal if you wish." We saw staff offer people a choice of where they wanted to sit to have their mid-day meal. In addition we saw people offered choices around what they wanted to eat. People were encouraged to retain levels of independence such as with their meals and while mobilising around the home.

People told us they felt in charge of their own lives while living at the home. One person told us, "You are very much your own person living here. I am glad I came to live here." We heard a member of staff say to one person who remained in bed, "Let me know when you want to get up."

Throughout our inspection we saw examples of privacy and dignity being upheld. One person described staff practice as, "Perfect" and told us, "Staff describe what they are doing to do and cover me up when getting me washed." We saw staff knock on bedroom doors before they entered. One person we spoke with confirmed staff always knocked their bedroom door and waited for a response before entering. One relative told us, "Staff are respectful, they are terrific". Another relative told us their family member had their dignity maintained at all times and as a result they were kept comfortable. Staff were able to explain what privacy and dignity meant to them and how they were able to ensure they carried these out while providing care and support. For example staff spoke about the importance of ensure people had their make-up applied in line with their personal taste and preference. Staff also told us they had moved away from using aprons in the dining room and made a better use of serviettes.

People told us they liked to see their family members and told us they could have as many visitors as they

wanted. One person told us "My family come and see me and that is really good." Relatives told us they were able to visit whenever they wanted to and without restrictions. Relatives also told us that they felt welcomed at the home by staff members.

## Is the service responsive?

### Our findings

People told us they knew staff kept records about the care they received. One person told us staff offered them involvement in their care plan but they didn't want to. Another person told us, "I am aware of my care plan and have seen it." Care plans we saw were regularly reviewed and updated to ensure they reflected people's current care and support needs. People were confident staff knew what they liked and disliked. One person told us, "We get pretty much what we want" from the staff. Another person told us, "All the staff understand me. They are good and kind to me."

People's relatives told us they were involved in the drawing up and reviewing of the care plans. One relative told us, "We are consulted. Family members have seen the care plan and were involved in it." Another relative told us they had spent time with their family member and the cook and had together discussed dietary care needs and how these could be met.

Staff we spoke with knew people's care needs and were able to describe the level of care people required. We saw staff supporting people to ensure their needs were able to be met in a way which reflected identified needs. For example we saw staff support one person with cushions to support them to eat and drink independently. Care plans we saw reflected people's likes and dislikes and matched what we were told by people and staff members we spoke with.

People we spoke with told us they were kept occupied during the day. People were able to continue to participate in hobbies and outside interests and staff had made the provision of these possible for people to maintain and experience. One person told us, "We always have something going on" and "We have raffles and play bingo and good outings. It depends what you are into." Another person told us, "Once a fortnight I do flower arranging" and, "Once a week I do cooking. I like making cakes also sometimes play bingo." We were also told about and shown some wood work completed by one person who lived at the home. The person concerned told us how much they had enjoyed working on these projects.

The registered manager and other members of staff told us about a programme of exercise classes undertaken in the home. One person who lived at the home told us they enjoyed the exercises. We were told people were able to take part either sat down or standing. Information about exercises was displayed around the home. We saw other events were seen as planned activities or past times. The registered manager told us that although these were scheduled to take place others were spontaneous in line with what people wanted to do. Scheduled events included Tai Chi, sherry at noon, pet therapy and afternoon teas. We saw photographs were on display showing people engaged in different types of interests and activities.

We were shown a new facility for people based on a traditional public house. We were told the facility was available for people to have a ploughman's lunch and engage in a game of darts as well as have a drink. We were also shown initial work undertaken to develop a pamper room.

There were opportunities for people to express their views on the level of service provided. We were told

about 'Cup and cake meetings'. These were opportunities for people who lived at the home to have a discussion with the cook over a drink and a cake about the menu and what people would like to have on it. One person told us, "We have meetings. We make suggestions for the cook, these are always acted upon." In addition were other meetings involving people and the opportunity to participate in satisfaction surveys.

People we spoke with told us they could tell a member of staff if they were unhappy. One person told us, "All the staff are helpful. I have no complaints."

Relatives we spoke with were confident they could raise concerns with the registered manager. One relative told us they would complain without hesitation if needed. The same relative told us they were confident the registered manager, "Would listen" to any concerns they had. Another relative told us, "I have no complaints whatsoever." A further relative told us, "No problems here. I would tell you if there were."

The provider had a complaints procedure in place which was displayed for people to see. We saw the procedure on display in the reception area of the home as well as in people's bedrooms. The registered manager told us they had received no complaints about the service provided.

## Is the service well-led?

### Our findings

People we spoke with were aware of the registered manager. One person told us they liked the home and told us it is, "Well conducted" (well managed). The same person told us they, "Liked the normal living arrangements" provided by the registered manager. Another person told us they did not have a lot to do with the registered manager however the same person was confident they could go to them if needed. We saw the registered manager worked weekends at times in order to meet with relatives if they were unable to see them during the week.

A relative described the registered manager as, "Brilliant" and told us they, "Communicate well." Another relative described the registered manager as, "Fantastic" and, "On the ball and dedicated." The same relative also told us, "If you have a problem the door is always open. Any problems are sorted." They also told us in their experience the registered manager explained things and involved people in their care. A further relative described the registered manager as, "Very effective" and added, "You can always find the manager."

Staff spoke highly of the registered manager and of the support and guidance they received. One member of staff described the registered manager as, "Excellent" and told us, "Her office door is always open." Staff told us they attended staff meetings and they were able to speak about any ideas they had for development of the service. One member of staff told us they had made suggestions about improvements in the provision of snacks for people. They confirmed their suggestions had been acted upon and implemented.

Staff told us they liked working at the home and felt valued by the management and their colleagues. One member of staff told us, "Brilliant care here. That's why I am here." Staff told us they believed having a happy workforce resulted in the provision of quality care for the people who lived at the home. One member of staff told us, "We all work as a team. It's a lovely home. I believe people are happy living here".

The registered manager had held meetings for relatives to attend. We saw these meetings were held twice to enable relatives to attend one of the sessions. These meetings had taken place at weekends and evenings to accommodate people who were working during the day time. The meetings had provided an opportunity for relatives to be involved in the running of the home.

Since our last inspection at St John's Court the registered manager had introduced a system whereby staff were able to take on a role of 'champion' in relation to a range of areas related to the care provided. Staff had attended training in the areas they championed and those we spoke with were keen to explore their lead roles further and showed the provider had involved staff in the development of the service provided. They told us they enjoyed being a contact point for other members of staff regarding the subject matter. These areas included subjects such as dementia, Parkinson's and safeguarding. Information about these subject areas as well as information on the Care Quality Commission was on display around the home. Talks about subjects had commenced on roles undertaken by champions which were open to the public. As these were newly introduced the registered manager hoped to see a greater uptake in the future. The home's ethos, which spelt out St John's, was displayed for people and their visitors to see.

Management systems were in place to monitor the quality of the service provided for people. For example regular health and safety meetings were undertaken involving heads of departments within the home. We saw as a result of these meetings the need for a larger clinical room was recently discussed and due to receive action.

Audits were undertaken by the registered manager. For example ten percent of care plans were audited on a monthly basis and any shortfalls identified. Audits were carried out following incidents such as falls and monthly risk reports were prepared. These reports were in place to identify any trends in accidents and look at how risks could be reduced.

The quality compliance manager had systems in place to monitor the audits undertaken by the registered manager and carried out checks of their own including speaking with people who lived at the home, staff members and visitors. We saw reports following quality and compliance monitoring visits undertaken on behalf of the provider. Any actions needed were identified and followed up as part of future visits to ensure improvements were made and sustained.

The registered manager had introduced a programme of discussions with staff during handover as a means of reminding staff on certain areas of practice. These had been introduced during the week our inspection commenced. Under discussion at the time of our inspection was the Mental Capacity Act (MCA) and Deprivation of Liberty. We were shown a plan for forthcoming discussion topics. These included areas such as person centred care, specialist diets, skin viability, continence and fall prevention.

The registered manager was able to demonstrate their plans to make further improvements to the service provided for people. For example plans to make improvements in the care provided for people who lived with a dementia and the development of a specialist unit and the use of memory boxes. In addition the registered manager was in the process of ensuring individual slings were provided for people who needed to use a hoist. This was to reduce any infection control risks associated with sharing pieces of equipment.