

Sanctuary Care Limited

# St Johns House Residential Care 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?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection was carried out on 5 December 2017 and was unannounced.

St Johns House Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home provides care and support for up to 23 older people, some of whom have dementia and physical disabilities. On the day of our visit there were 18 people using the service.

At the last inspection, the service was rated overall Good, with Requires Improvement in safe. At this inspection we found the service was overall Good, with Requires Improvement in responsive.

The service had a registered manager in place. 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.

Staff had knowledge and followed service policies and procedures to protect people from potential harm and abuse. Staffing numbers were appropriate to meet people's needs in good time. Staff undertook appropriate recruitment checks which meant they were suitable to work with vulnerable people. Medicine management records were accurately maintained to ensure people had their medicines as prescribed. Staff followed safe infection control procedures. Incidents that occurred were regularly reviewed by the registered manager to ensure that causes were identified and dealt with as necessary.

People's care records lacked information on the support people required and the guidance for staff on how to meet people's individual needs. We made a recommendation about this.

Staff were trained appropriately for their role. Systems were in place to monitor the attended training courses which ensured that the registered manager was notified when staff were due for a refresher course. Some people told us the food provided was not always meeting their preferences. Staff supported people to meet their dietary and nutritional needs as necessary. The service provided important information about people to other agencies quickly when required. People had access to healthcare services as necessary. The provider was working to improve the premises for people living with dementia. People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible.

People told us that staff were kind and respectful towards their care needs. People's religious needs were known and supported by the staff team. People had a say in how they wanted to be cared for and staff encouraged people to make decisions regarding their care and support needs. Staff maintained people's dignity and respected their right to see their family when they wished to. The service encouraged people's

independence which meant they carried out activities by themselves where possible.

Staff followed guidance on how to use moving and handling techniques. This meant that people were provided with appropriate support to move around when they wished to. People and their relatives were aware of the complaints procedure and felt confident to raise their concerns if necessary.

Activities provided at the service had not always suited people's care and support needs. We made a recommendation about this.

Staff felt well supported by the management team and approached the registered manager for advice when they needed it. People said the registered manager was responsive and attentive to their care needs. Staff were aware of and followed their responsibilities in relation to safe information sharing. Regular audits were carried out to monitor the quality provision at the service. The registered manager had shared information and updates with external agencies to improve the care delivered for people.

## 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's care records were not appropriately maintained and lacked details. We made a recommendation about this.

Staff were aware of the safeguarding procedures. Staff recruitment procedures included the necessary checks to ensure the applicants were safe to work with people. There were enough staff to assist people with their care and support needs.

Safe medicines management procedures were followed which ensured that people took their medicines as prescribed. The service followed safe infection control practices.

### Is the service effective?

Good ●

The service was effective. Systems were in place to ensure that staff were suitably trained. The service worked in partnership with healthcare agencies to share information on a need to know basis.

People had support to choose the food they wanted, but the meals provided had not always met their preferences. The service planned to improve the premises for people living with dementia.

Staff attended the Mental Capacity Act 2005 (MCA) training and had knowledge to ensure they supported people appropriately to make their own decisions.

### Is the service caring?

Good ●

The service was caring. Staff treated people with respect and their privacy and dignity were maintained.

People were involved in making decisions about their care.

People were encouraged to be as independent as possible.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive. The service had not

provided enough appropriate activities for people. We made a recommendation about this.

Staff were trained to support people with manual handling and demonstrated skilled moving and handling techniques.

People felt able to raise their concerns and the complaints received were adhered to as required.

**Is the service well-led?**

**Good** ●

The service was well-led. People and staff felt the registered manager was appreciable and available for support when needed.

The staff team worked together and followed service's policies and procedures to keep important information about people safe.

Quality assurance systems were in place and used to monitor the services being delivered to people.

# St Johns House Residential Care Home

## **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 checked 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 5 December 2017 and was unannounced. The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we viewed the information we held about the service. This included statutory notifications received. A notification is information about important events which the service is required to send us by law. We also looked at a Provider Information Return (PIR). The PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the safeguarding alerts raised regarding people living at the care home.

During our visit we spoke with five people living at the home and two relatives. We also talked to the regional manager, three team leaders, activities leader, three staff members and the chef. We reviewed people's care records. We looked at seven care plans, including risk assessments, four staff records, medicine administration records and other records related to the management of the service. We observed care and support provided in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection we contacted five health and social care professionals involved with the people who use the service for their feedback about the service.

# Is the service safe?

## Our findings

People told us they were safe at the service. One person said they felt unsafe to leave the home and staff provided them with support to ensure their safety.

The visitors book was now appropriately maintained. We were asked to sign in and out the visitors book which ensured that the service kept appropriate records of how many people and visitors were at the service at all times.

Staff were knowledgeable about the safeguarding procedures which meant that people were protected from potential harm and abuse. Staff told us they reported their concerns to the registered manager, including physical, emotional and financial abuse. The registered manager then contacted the local authority whose responsibility it was to investigate safeguarding incidents and who would put a safeguarding plan in place for the person. The registered manager suitably recorded the safeguarding received which meant that the necessary actions were taken to protect people. A team leader told us they approached external agencies, including advocacy services if a person did not have a relative to support them. This meant that the service appropriately alerted the necessary agencies to ensure people's safety. The registered manager told us that each incident received had encouraged the team to be "more observant and always take actions if people raise concerns."

People's care and support needs were not always appropriately recorded. People had care plans and risk assessments in place that were regularly reviewed and up-to-date. However, the care records we viewed were inconsistent and some appeared to be more detailed than others. Some care plans lacked information on how to assist people with their care needs, for example mobility. There was a limited number of mental wellbeing care plans to provide guidance for staff on how to support people in relation to their mental health needs, including dementia. Some risk assessments were not fully completed, for example to determine a level of risk.

We talked to the regional manager about this and they told us that people's care records were currently being updated. Records showed the service had an improvement plan in place for addressing inconsistencies in people's records, and staff provided safe care despite the records as they knew people and their needs well. Staff were provided with new guidelines around diabetes and dementia.

We recommend that the provider seeks guidance on best practice in relation to people's care records being suitably maintained.

There was enough staff to support people with their care needs. People told us that staff responded to call bells promptly. One person said, "They [staff] are there within about three minutes top." Another person told us, "They [staff] come quickly." Records showed that staff cover was provided as necessary which ensured that people had assistance when they required it. We observed staffing levels throughout the day and felt that staff was available to meet people's needs in a timely manner. Staff told us there was enough staff and were confident that the staffing levels would be increased if new people were admitted to the service.

The service used safe staff recruitment procedures. Appropriate checks were carried out by the provider which ensured that people were supported by suitable staff. Records showed that staff were required to undertake criminal records checks and to provide two references before they started working with people using the service. The service also carried out identity and visa checks which meant that people were supported by staff who had permission to work in the UK.

People's medicines were managed and administered safely. People told us they took their medicines themselves where possible. Medicine administration records (MAR) were accurately and fully completed, showing when people received their medicines. The medicines were stored in a lockable medicines trolley or cupboard and kept in a lockable room and only appropriately trained staff had access to this. Staff followed good practice and used guidelines to support people with their medicines, including PRN protocols. A PRN protocol explains how people should receive their medicines that were to be taken only when needed, such as pain killers. We observed staff administering medicines to people in a calm and unrushed manner which ensured that people received the support they required to take their medicines independently.

Systems were in place to ensure infection control at the service. We observed that communal areas were kept clean and odour free. Staff understood their responsibilities regarding infection control and provided hygienic care, for example they put on aprons and gloves before they started supporting people. The service had a rating of five for food hygiene which ensured that correct procedures were followed to prepare and store food.

Systems were in place for monitoring incidents and accidents occurring. Staff suitably recorded any incidents taking place and notified the registered manager for taking actions as necessary, for example if a person had a fall. The registered manager carried out a monthly analysis to determine if there were any underlying factors that caused the incidents. This meant that lessons were learnt and actions were taken to prevent the incidents and accidents taking place in the future.



# Is the service effective?

## Our findings

People told us they received the care they needed. One person said, "[Named staff member] keeps it alright. She [the staff member] encourages me to eat more so I will stay healthy." Another person told us, "I get everything I need." One other person said, "Oh yes, staff are there when I need them, they [staff] know their job."

The service used an electronic system to monitor the training courses attended by staff. The administration staff updated the system weekly making records of the staff members that undertook the training and the date of the training course being delivered. The system then automatically highlighted when staff were due for a refresher course. This ensured that staff were up-to-date with the necessary training for their role.

Staff had the necessary support to ensure good care for people. One person said, "They [staff] are all well trained." Records showed that staff had attended mandatory training courses, including moving and handling, medicines management, the Mental Capacity Act 2005 (MCA) and fire safety. The service provided staff with additional training to meet people's individual needs. Staff told us they received training in nutrition, pressure ulcer and wound care management. Staff had regular supervision and appraisal meetings to discuss their developmental needs and service policies and procedures. For example, supervision records showed that discussions took place around effective communication and actions were agreed for sharing information as required. The service provided staff with the necessary level of skills before they started supporting people. New employees had to shadow experienced staff members until they were ready to carry out their duties independently. Staff were also required to complete an induction booklet to familiarise themselves with the services policies and procedures.

We had mixed reviews from people about the food they received. Some people told us they liked the meals provided. Whereas others said that the meals offered did not always suited their preferences. One person said "I've seen better food". Another person told us, "You get good days and other days not so good." People had the meal choices shown to them for making a decision about the food they wanted to eat. We observed that where people had not eaten the main course they were offered something else. People were encouraged to eat where they hadn't eaten enough. Staff asked people if they wanted more and supported people to have seconds if they wanted to. The portions were generous and looked appetising. Staff were aware of people's nutritional needs and supported them to eat according to their individual needs, for example some people had their meals purred. A staff member told us, "We have some residents who have problems swallowing or are in bed, we are aware of this, and will take them drink and food throughout the day."

The service passed on information about people to other agencies as necessary to ensure they received consistent and person centred care. Staff told us they started using a red bag when supporting people to go to hospital. The red bag was used to keep information about a person's health needs for ambulance and hospital staff's easy access. The registered manager told us this approach worked very well as information about the person was in one place and accessed by the health professionals quickly when necessary. It was noticed by the team that the red bag reduced the time people spent in the hospital.

The service worked in partnership with external health care agencies to ensure that people had care and treatment they needed. One person told us, "They check on you first ask how you feel and if you have a bad day they get the doctor in." A healthcare professional told us the service used their "feedback as an opportunity to improve the quality of service practice." Records showed that healthcare agencies, including a GP were involved and reviewed people's care. We found that people were regularly checked by an optician and dentist.

The service worked towards meeting the environmental needs of people living with dementia. Pictures were used to highlight orientation points, for example the toilet doors. There was good lighting throughout the home which helped to prevent falls by reducing visual difficulties. The provider had introduced a new dementia strategy, called 'Walk with me' that included making improvements to the premises to help meet people living with dementia care needs. The registered manager told us the service had plans to redecorate the home after the budget was approved in the new year, including changing wall colours in the lounge to support people with orientation and adding more sensory items.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Staff were aware of the MCA principles and applied their knowledge in practice. One staff member told us, "I cannot assume that a person does not have capacity if it is not assessed." Another staff member told us that a person had their health needs assessed before a mental capacity assessment was carried out to ensure their health needs were not affecting their ability to make a decision. Staff told us they supported people to make everyday decisions, including the clothes they wanted to wear. Staff said they talked to the registered manager if they had concerns regarding people's capacity to make choices for themselves.

Records showed the registered manager had submitted DoLS authorisation requests to the local authority and had them granted. In some cases the service requested urgent authorisations to ensure that people's liberty was not restricted unnecessarily. Systems were in place to monitor the DoLS authorised. The registered manager made records of the DoLS expiry dates to ensure they approached the local authority for a review in good time.

# Is the service caring?

## Our findings

People told us they liked living at St Johns House Residential Care Home. One person told us, "It's alright living here." Another person told us they were "very happy here [the care home]." One other person said, "It's not easy having to leave your home after so many years but here I am as happy as I can be." A staff member said they felt it was "a family atmosphere" at the care home.

Staff were respectful towards people's individual needs and attended to their care with kindness. One person said that staff were "very good, they look after you, only got to ask for something and they give it to you." Another person said that staff were "very very kind." One other person noted, "I don't find fault with any of them [staff]." We observed that staff had time to listen to people and communicated to them in a caring manner. Staff spent time with people having conversations and laughing together. Staff addressed people by their names. People had support to look after their bedrooms where they needed assistance. One person said, "They [staff] keep it [their bedroom] nice and clean."

We found that people had support to address their cultural needs. One person said, "My priest comes to see me every so often, he is coming tomorrow and I will receive communion." One other person told us, "I usually go to church on Sundays, just next door." Staff were aware of people's cultural needs and used this information to have discussions with them, for example the food they liked.

People told us they felt involved in planning their support. One person said, "I have a chat with them [staff] about my care." Another person said, "I always make choices about my health." People told us they were familiar with their care plans and told staff if they were in agreement with the proposed support. One person said, "She [staff] gave me a care plan to read and sign" and "I didn't sign it as I didn't agree with it." We saw that a person had a choice in how they wanted to be cared for. They refused to go to a hospital and arrangements were put in place to meet their healthcare needs at the care home.

People had support to maintain their independence skills. Staff told us how they promoted people's independence. One staff member said they assessed people's ability to do things for themselves and only helped where a person required support to carry out activities. These included the assistance people required with eating and personal care.

The service ensured that people were treated with respect and their privacy was maintained. A person told us they felt "well cared for and respected." People told us that staff knocked on their bedroom door before entering. Staff provided us with examples on how they ensured people's dignity was respected. Staff said they closed doors and curtains before they started providing personal care to people. Staff asked when and how people wanted to be supported to get up in the morning. People said their relatives visited them regularly and felt welcomed by the staff team. A family member said, "Staff made us feel welcome and we come anytime we want."

## Is the service responsive?

### Our findings

People told us the staff team responded to their care needs as necessary. One person said that staff were, "really good. I get near enough everything done for me, showered and clothes are done for me." Another person told us that staff provided, "very good" care and "I don't miss anything from the laundry."

Staff were aware of people's individual care needs and followed guidance to provide the required care for people. Staff confirmed they were trained and attended a manual handling training course regularly. One staff member said, "I am trained to move people. I always do so according to my training." Staff demonstrated skilled moving and handling techniques when transferring people. Staff used hoists and worked in two's as required. We observed staff suitably communicating with a person letting them know the actions they were about to carry out. This meant that staff assisted people to move and transfer themselves as necessary. Staff said the service provided adequate equipment for them to work with. One staff said, "We have enough equipment to use here. We never struggle for equipment."

People did not always engage in the activities provided by the service. People had mostly responded negatively about the activities, saying they were not always occupied and they watched a lot of television. One person said they "just sit about." We asked the activities leader if any activities were facilitated for people living with dementia and were told that the activities provided suited all people and that staff applied a different approach during the activity, for example how they communicated to a person living with dementia. However, we thought that people who were living with more pronounced dementia may have had difficulties engaging in the activities such as bingo and discussions around the news of the day. The activities leader told us they offered people one to one sessions if they were not able to engage in group activities. However, the service only employed one part time activities leader meaning their time spent with people was limited. The registered manager told us staff also facilitated activities for people, but this was not reflected in a staff rota making sure that people had been regularly supported with this. The service had an activities board with pictures to show the activities taking place on the day. However, we saw the board was not being used appropriately. On the day we heard staff asking people if they wanted to play bingo, but the activities board showed coffee morning. This could have been confusing for people living with dementia as it was not appropriately explained why the activity was changed.

The annual survey completed by people in June 2017 also noted improvements required in relation to people's activities. Some people noted that there were not enough appropriate activities provided for them to get involved with.

We discussed this with the registered manager and were told the service was working towards improving the activities. The activities leader was doing research on finding more suitable activities for people living with dementia.

We recommend that the provider seeks guidance on best practice in relation to how they planned and provided activities for people with different health conditions.

People were encouraged to raise concerns which ensured that actions were taken to make improvements as required. People told us they knew the complaints procedure. One person said, "I know how to complain, it's on the board downstairs." Another person told us, "Oh yes I know how to complain, don't worry I'll complain." One other person said, "I don't complain, there is nothing to complain about." A relative said there were "lots of meetings to discuss things, if you raise any issue with them [management], they make sure everyone knows." At the time of inspection people and their relatives were happy with the services provided and they could not think of anything they wanted to change at the time.

## Is the service well-led?

### Our findings

People and their relatives told us the care home was well-led. One person said the service was managed "first class, it's like a five star hotel." A health and social care professional told us they were, "impressed with the manager's proactive management of a potential concern." Another health and social care professional told us the service "appears well-managed with good leadership."

Staff told us the registered manager was available when they needed them. One staff member said, "[The registered manager] is very supportive, whatever I need [the registered manager] is able to help me." Another staff member said it was "easy to talk to [the registered manager]." The registered manager told us they intensively worked with newly employed staff starting from their induction to ensure they were suitable to work in a caring environment. We found there were supportive and appreciable relationships between the staff team. One staff member said, "We do not wait to do things, we encourage and help each other and share jobs as we go along." The management team provided a 24 hour on-call service if staff needed advice on urgent matters outside of normal office working hours. There were team leaders on each shift to supervise and support the staff team as necessary.

People and their relatives told us the registered manager was approachable and available when they needed support. One person said the registered manager was "easy going, always speaks to you." Another person told us the registered manager "keeps it in order and keeps things going." A relative said, "She is really nice, very good. You can phone her up at any time."

Staff followed data security procedures to ensure that information was shared on a need to know basis. We observed people's records being kept securely and only accessed by authorised staff members. Staff understood their responsibilities and followed procedures for sharing information safely. The registered manager knew the different forms of statutory notifications they had to submit to CQC as required by law and according to our records these were sent to CQC in good time. Handover meetings were used to pass on important information about the activities that took place on the day and the actions that had to be carried out as necessary. These included hospital appointments that people were required to attend. Staff also used a handover book to record their activities which meant that information was not missed and could be accessed by staff at any time if needed.

The service encouraged open communication between the staff team. A staff member told us the team was "friendly and guiding each other." We viewed the team meeting minutes which showed that staff had regularly met to discuss people's individual needs and to share their experiences. In one of the meetings discussions took place around the improvements required in relation to staff's communication. Staff told us they felt able to speak up if they had any concerns and were confident it would be dealt with as necessary.

Data management systems were used to monitor the quality of provision. Staff carried out daily, weekly and monthly audits to review the services being provided for people. These included water temperature, fire safety and medicines checks. Staff told us that any issues identified were reported to the registered manager for taking actions as necessary, for example if they saw equipment was broken. Records showed the

registered manager undertook monthly audits to monitor and review the service's performance. Any concerns identified were communicated to the staff team and action taken, for example if a person wanted to have a discussion about their final wishes.

The service worked in partnership with multidisciplinary teams to share information about the services being provided for people. Records showed the registered manager attended a meeting facilitated by a Clinical Commissioning Group to discuss recent updates in the adults social care sector. Discussions took place about the support people required with specific health conditions and the challenges this presented. We also found the registered manager being proactive in using available community resources. The local safeguarding team had recently provided training for staff to ensure they worked in partnership.