

AccuroCare St. John's Home Limited

St. John's Home

Inspection report

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Date of inspection visit:
14 December 2021

Date of publication:
13 January 2022

Ratings

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

Summary of findings

Overall summary

About the service

St. John's Home is registered to provide accommodation for up to 38 older people who require personal care. At the time of the inspection there were 37 people living at the service.

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

Risks associated with people's individual care needs, the premises and the equipment in use were assessed and managed. The provider employed enough staff to safely meet people's care needs. Systems and procedures were in place to ensure people received their medicines safely and as prescribed.

People had their needs assessed prior to receiving care to ensure staff were able to provide relevant care. Staff co-operated with various local social and health care professionals. We saw that referrals for specialist advice were submitted in a timely manner.

People received care and treatment from competent and skilled staff who had the relevant knowledge to meet people's needs. The provider had a system to ensure all staff had regular training to keep them up to date with best practice. Training courses and events were relevant to the needs of the people living at the service and staff ensured they put learning into practice.

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

Staff treated people with dignity and respect and maintained their privacy. They were kind and caring, and knew people well. Care records contained clear information covering all aspects of people's individualised care and support. Information about people was written in a respectful and personalised way.

There was a complaints process in place which was managed effectively. The provider had procedures in place to identify and address people's wishes and choices regarding end-of-life care.

People, their relatives and staff were complimentary about the management of the service. The registered manager promoted a positive, transparent and open culture where staff worked well as a team. The provider had effective quality assurance systems in place which were used to drive improvement.

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

Rating at last inspection

This service was registered with us on 21/11/2019 and it was its first inspection. The last rating for the service under the previous provider was good, published on 8 May 2018.

Why we inspected

This was the first inspection of the service. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

St. John's Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector 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.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection-

We talked to three people using the service and two people's relative about their experience of the care provided. We spoke with three members of staff and the registered manager. 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 continued to seek clarification from the provider to validate evidence found. We looked at employment history of two staff members.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us staff were trustworthy and people felt safe with them. One person told us, "I always feel safe." Another person's relative told us, "I have had no issues so far."
- People were protected from the risk of abuse because staff had the knowledge and understanding of how to safeguard people. A member of staff told us, "I would try to stop the abuser, I have to report any case of abuse to my senior."
- The registered manager worked with the local authority to report, investigate and address any safeguarding issues to help keep people safe.

Assessing risk, safety monitoring and management

- People had risk assessments in place relating to various aspects of their care, such as moving and positioning, falls, skin care and bed rails. Risk assessments were kept under regular review to help ensure they remained effective in promoting people's safety.
- People were protected from risks associated with legionella, fire, electrical and gas systems, through regular checks and management of the identified risks.
- People had individualised fire risk assessments and emergency evacuation plans where necessary. Fire drill records showed staff and people were involved in regular fire drills. Staff were able explain the process of how to safely support people in case of fire.

Staffing and recruitment

- The provider followed a thorough recruitment procedure. Disclosure and Barring Service (DBS) security checks and references were obtained before new staff started their probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed. However, during our inspection we noted that the provider had not always obtained full employment histories of people working at the service. We raised this issue with the registered manager who, following our inspection, provided us with updated staff's employment histories.
- We received mixed opinions on staffing levels. Some staff and one of the healthcare professionals told us that staffing levels could be improved. However, most of the staff members, people and their relatives had no concerns regarding staffing levels at the service. One person told us, "It is really good. There are enough of carers." During our inspection we saw there were enough staff and people did not have to wait for carers to assist them.

Using medicines safely

- Medicines were managed safely. There were clear processes and systems to ensure they were ordered, stored, disposed of and administered safely. There were clear processes in place to ensure 'as required'

(PRN) medicines were given appropriately.

- Records were kept of medicines staff administered. These were checked regularly to help ensure any errors were identified and relevant actions were taken to reduce future errors.
- We checked medicine administration records (MARs) and saw there were no gaps or omissions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Where appropriate, accidents and incidents were referred to the CQC, together with other authorities, and advice was sought from relevant health care professionals.
- People who were assessed as being at high risk of falls or malnutrition had clear plans in place to reduce the likelihood of these incidents. Falls were recorded in daily notes and falls diaries, and the registered manager analysed them to look for patterns and trends.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's physical, mental and social needs and preferences were assessed regularly, or sooner if such a need was observed. Care plans described how staff should support people to meet their needs.
- People were satisfied with the care and support they received, which we saw was delivered in line with current legislation and best practice guidelines. National alerts were displayed in the home for staff to read to enhance their knowledge of changes in care and guidance.
- The registered manager met social workers, doctors and other healthcare professionals involved in people's care to identify people's physical, medical and behavioural health needs and abilities.

Staff support: induction, training, skills and experience

- Staff received training, support and guidance so that they had the knowledge and skills to do their job well. Staff were up to date with all training required by the provider. They told us the training provided was sufficient and they felt supported.
- Staff received supervision which gave them an opportunity to discuss any issues and concerns and they felt listened to. A member of staff told us, "I have my supervision every two months. It provides a good opportunity to discuss some matters that you might not want to discuss openly with the rest of the team."
- New staff received induction training and worked with experienced staff until they were competent and confident.

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

- People's care plans contained information about their dietary needs. For example, records stated a person had diabetes and there was advice regarding this.
- People and their relatives provided us with positive opinion about the food offered by the service. One person told us, "The food is generally alright."
- Staff understood if people required specialist diets or different textures of food and ensured people received the support they required. Where necessary, advice had been sought from the speech and language therapist (SALT).

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- People told us they had access to healthcare professionals and their relatives confirmed this. One person commented, "A doctor or a nurse always came into the home."
- Staff worked with external professionals such as district nurses, opticians, chiropodists and interpreters to ensure best outcomes for people.

- Some people using the service had complex health conditions. Their care plans contained information about these, including signs and symptoms to watch out for. This ensured staff knew when people's condition may be deteriorating and when to seek medical help.

Adapting service, design, decoration to meet people's needs

- We observed that the environment was suitable to meet people's needs and there was a homely feel about the service. The dining rooms and communal areas were spacious and decorated in a homely fashion. Rooms we observed had been personalised and made to look homely.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people lacked capacity to make a specific decision, capacity assessments had been completed which recorded specific details about how capacity had been assessed. Best interest decisions had been made with the involvement of individuals to whom people mattered.
- People who were subjected to DoLS had approved DoLS authorisation certificates in their files. People's care files also had signed consent to care and treatment forms confirming agreement with their care and support plans.
- Staff received training in relation to MCA and had a good understanding of its principles. A member of staff told us, "We presume that people know how to make choices unless assessed otherwise. We can find mental capacity assessments in care folders."

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives spoke highly of the staff team. They gave us positive feedback on how caring and kind staff were. One person told us, "Most of them are alright. They have really good sense of humour." Another person's relative told us, "Staff are superb."
- Staff intervened promptly when people showed any sign of distress, providing care and support which deescalated the situation. For example, the registered manager knew that the inspector's presence (a stranger) may upset one person.
- Staff described how they supported equality and diversity. This included calling people by their preferred name, supporting people to be themselves and giving them choice about how they spend their time.

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

- People told us they were involved in their care. One person told us, "Yes, I am involved in my own care."
- Throughout the inspection we could see that people were at the heart of what staff did. We saw that staff involved people in making decisions about spending their time. Staff interacted in a professional and caring way, bantering with people, offering them the chance to spend time with staff and being listened to or participate in activities.
- Where decisions were needed to be made about care and support, such as when people's needs changed, we saw they and their relatives were consulted as much as possible. Relatives told us there were always open lines of communication and had been involved in reviews of people's care.

Respecting and promoting people's privacy, dignity and independence

- Care plans were clear about the tasks people could manage themselves and what support or encouragement was needed from the staff team.
- Staff respected the privacy and dignity of each person and gave us examples of they how they did this. For example, shutting people's doors when supporting them with personal care or knocking before entering people's bedrooms.
- People were encouraged to remain as independent as possible. We saw staff helping people to remain mobile with equipment and offering encouragement when eating and drinking. Care plans detailed which tasks people could do independently and identified where they needed support from staff.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were person-centred and gave staff information in areas such as people's background history, likes and dislikes, healthcare needs, care outcomes, and how they would like to be supported.
- The service was responsive to people's needs. We saw that where people's needs changed, they were referred to other professionals and their care plans were updated in a timely manner.
- Records showed there were regular formal review meetings with people using the service and, where appropriate, with people's relatives. At these meetings people's care was discussed and reviewed to ensure people's needs were being met effectively.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified during their initial assessment before moving into the service.
- We found that one person living at the service did not speak English. The service regularly contacted an interpreter in order to facilitate communication between the service, the person and other health care professionals. Staff learned a few key words in the language of the person, so they were able to communicate with them. The person told us, "Yes, sometimes they use a mobile to translate something. They do understand me. If I ask for a cup of coffee, they will give it to me."
- There was pictorial information displayed in communal areas showing the menu and activities available each day.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in activities. Activities coordinators developed activities based on what people wanted to do.
- During our inspection people told us they enjoyed activities such as Christmas carol singers or lollypop ponies that had visited the service a few days before our inspection. People told us they could pet ponies as they were able to visit people who were bed bound and unable to attend communal areas.
- People were encouraged to maintain relationships with their loved ones. This could be facilitated via phone or mobile phone applications. Face to face visits took place as per government guidance.

Improving care quality in response to complaints or concerns

- Records showed there had been no complaints about the service but there were systems in place to ensure any complaints would be dealt with appropriately. People and their relatives told us they were aware of how to escalate their complaints.
- Staff were aware of the provider's complaints procedure and knew what to do if anyone raised a concern.

End of life care and support

- There were systems in place to record people's advanced wishes. These included funeral arrangements and people's choices regarding resuscitation in the event of a cardiac arrest.
- The service completed Preferred Priorities for Care (PPC). PPC is a document to write down what a person's wishes and preferences during the last year or months of their life. This document is used by some hospitals in England and Wales in order to provide dignified end person-centred end of life care.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was led by a motivated provider and registered manager who aimed at providing person-centred care.
- People and their relatives told us the service was well-led. One person told us, "I think that staff are organised and managed well. No complaints."
- The service involved people and their families in day-to-day discussions about people's care and support. People's family members told us that they felt reassured and comfortable with the registered manager running the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the 'Duty of Candour.' This regulation sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager understood their responsibilities.
- The registered manager told us and records confirmed they were open in informing people's relatives where appropriate when any incidents or accidents had occurred.

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

- Leadership at the service had a clear vision of how they wanted the service to be and put people at the centre of what they did.
- The provider had quality assurance systems in place which were used effectively to monitor key aspects of the service. The registered manager completed audits and checks on a regular basis and acted to improve the service.
- Staff understood their roles and responsibilities.

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

- The staff told us there was good teamwork, they felt involved and were encouraged to attend team meetings.
- People, relatives and the staff told us they were involved in regular meetings to share ideas and plans for

the service. Surveys were completed and findings analysed to support quality improvement.

- The registered manager had an open-door policy and people, their relatives and staff were encouraged to visit the office and express their opinions either in person or via telephone.

Continuous learning and improving care; Working in partnership with others

- We asked people and their relatives of what they would like to improve within the service. Although most of them told us there was nothing to improve, we received some comments about IT equipment needed to be available in order facilitate more communication between people and their relatives.
- The provider and registered manager worked closely with other stakeholders to ensure people received good quality care. This included health care professionals, commissioners of the service and safeguarding team.
- The service worked in partnership with professionals in health and social care. The registered manager attended managers' meetings and forums regularly to share learning and gain support.