The Priory of England & the Islands of St John

St John Home

Inspection report

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Ratings

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

Overall summary

The inspection visit was carried out on 26 March 2015 and was unannounced. The previous inspection was carried out in December 2013, and there were no concerns.

The St. John Home is owned by The Priory of England & the Islands of St John. Accommodation is over two floors with a stair lift to the first floor. The home provides accommodation, residential and nursing care for up to 18 older people.

The service is run by a registered manager, who was present on the day of the inspection visit. 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 and associated Regulations about how the service is run.

Staff recruitment procedures were unsatisfactory as two new staff had not had checks carried out for Disclosure and Barring Service (DBS) checks, and a full employment history was not evident for some staff.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The registered manager and staff showed that they understood their responsibilities under the

Summary of findings

Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). No applications had been made to the DoLS department for depriving people of their liberty for their own safety.

Staff had been trained in safeguarding adults, and discussions with them confirmed that they understood the different types of abuse, and knew the action to take in the event of any suspicion of abuse. Staff were aware of the service's whistle-blowing policy, and were confident they could raise any concerns with the registered manager, or with outside agencies if they needed to do so.

There were sufficient numbers of staff to meet people's needs, and to give them time, and not to rush them. This included nurses throughout the twenty-four hours. People said that they felt safe and secure in the home, and the staff looked after them "Very well". Records of on-going staff training, supervision and appraisals confirmed that staff were working to appropriate standards and were supported by their line managers. Refresher training was provided to keep staff up to date.

The service had systems in place for on-going monitoring of the environment and facilities. This included maintenance checks, and health and safety checks. The premises were suitably maintained, and there were on-going plans for further improvements, including altering an existing bathroom to a wet shower room. Risk assessments were implemented for each person living in the home, highlighting specific concerns which could affect their welfare and safety. These included risk of falls, use of equipment, risk of developing pressure sores and checks for environmental hazards. These included a Personal Evacuation Emergency Plan (PEEP) in the event of fire or other emergency.

The registered manager had processes in place to follow up accidents or incidents and identify if any additional action could be taken to minimise assessed risks.

Medicines management was carried out effectively. Medicines were administered by trained nurses.

Staff were informed of their responsibilities under the Mental Capacity Act 2005, and encouraged and enabled people to make their own decisions in accordance with their capacity. Some people wished for their family representatives to discuss their care planning on their behalf, and this was arranged as agreed. Care plans contained suitable information to help staff to provide effective care, following people's individual needs and preferences. People were encouraged to retain their independence wherever possible, and to make their own choices. This included daily choices such as what to wear, what to eat, and where to go.

People said that the food was "Very good" and "Excellent!". The catering staff provided them with varied menus which enabled people to have a nutritious diet. A choice of meals was always available, and people could request snacks and drink at any time. All of the food was home cooked, and included home-made cakes every afternoon. A recent visit from the local council's Environmental Health Officer had awarded the kitchen with the highest award of five stars for food hygiene. Most people chose to eat lunch together in the dining-room. This provided a focal point during the day for socialising, and preventing people from feeling isolated.

Nursing staff carried out on-going checks for people's health needs, and contacted other health professionals for support and advice. A GP visited the home routinely once per week, and more often as required. Relatives told us that they were always kept informed by staff of any changes in the person's health or welfare, and said, "The care is amazing here." Another person told us that "The staff all have a lovely attitude. Nothing is too much trouble for them. They have always got time for you".

Staff had a caring and friendly manner, and treated people with affection as well as with respect. They answered people's call bells promptly. They were well informed about people's previous lifestyles and the subjects that interested them. An activities co-ordinator managed events and day to day activities. The 'Friends of St John' also supported staff with providing entertainment, and visited people on a regular basis.

People were confident that they could raise any concerns with the staff or registered manager, and that these would be properly dealt with. The registered manager had a visible presence in the home, and it was evident that people and their relatives knew her well. She told people at the time of admission that she had an open door policy, and encouraged people to voice any concerns or complaints so that they could be addressed. The complaints log demonstrated there were reliable processes to follow up complaints appropriately.

Summary of findings

People were encouraged to express their views every day, so that any concerns could be followed up immediately. The registered manager greeted each person every day when she was on duty, giving people confidence in her, and an opportunity to chat about anything. People were also invited to attend residents and relatives' meetings, and the minutes of these were circulated to each person after the event. This enabled people to see what action had been taken in relation to items that had been discussed.

People were invited to completed six-monthly questionnaires which provided further information about people's views. These could be completed anonymously if people wished. They were given out shortly before resident and relatives' meetings, so that feedback from the questionnaires could be discussed at the meetings.

Staff said that they felt involved in the running of the home, and were clearly motivated to provide high standards of care. Staff meetings were well attended, and staff ideas were taken on board and used for on-going improvements to the service.

Records were neatly and accurately maintained, and were up to date and signed and dated. There were systems in place for the on-going monitoring of the service through daily, weekly and monthly checks and audits.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe. Staff recruitment procedures did not meet requirements for all staff to have Disclosure and Barring (DBS) checks prior to confirmation of employment and before working within the home.

Staff were trained in safeguarding and emergency procedures. Staffing levels were maintained to ensure people's needs were met.

Environmental checks and individual risk assessments were carried out and implemented.

Medicines were stored and administered safely.

Is the service effective?

Good

The service was effective. Staff had suitable levels of knowledge and training to carry out their jobs effectively.

The registered manager and nurses understood the requirements of the Mental Capacity Act 2005, and ensured that people who lacked mental capacity were appropriately supported if complex decisions were needed about their health and welfare.

The service provided people with a suitable range of nutritious food and drinks. Staff ensured that people's health needs were met.

Is the service caring?

Good

The service was caring. Staff treated people with courtesy and kindness. They enabled people to retain their independence.

Staff maintained people's privacy and dignity, and supported them in making their own choices.

Staff communicated well with people and their relatives, and gave them explanations and reassurance about their care and health needs. Family and friends were able to visit at any time.

Is the service responsive?

Good

The service was responsive. People or their representatives were involved in their care planning. Staff provided individualised care.

Staff were informed about people's previous lifestyles and preferences. People were supported in carrying out activities of their choice.

There were procedures in place to ensure that people's concerns or complaints were listened to, and were responded to appropriately. Learning from complaints was used to bring about on-going improvements to the service.

Summary of findings

Is the service well-led?

Good 

The service was well-led. The registered manager led the staff team and provided an ethos of continual improvement and development.

People's views were obtained and were used to bring about improvements to the service.

There were reliable systems in place to monitor the service's progress and quality using audits and questionnaires. Records were kept up to date and were accurately maintained

St John 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 was 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.

The inspection took place on 26 March 2015 and was unannounced. It was carried out by one inspector, as it was a small home and did not require additional staff for inspection processes.

Before the inspection, we looked at previous inspection reports and notifications received by the Care Quality Commission (CQC) A notification is information about important events which the service is required to tell us about the law. We contacted two health and social care professionals for their views of the service.

We viewed all areas of the service, and talked with ten people who were receiving care. Conversations took place with individual people in their own rooms, and with a group of people in the sun lounge. We also had conversations with two relatives, and eight members of staff as well as with the registered manager.

During the inspection visit, we reviewed a variety of documents. These included three people's care plans. We viewed three staff recruitment files, staff training records, staffing rotas for two weeks, medicine administration records, health and safety records, environmental risk assessments, activities records, quality assurance questionnaires, minutes for staff meetings, audits, the service users' guide, and some of the home's policies and procedures.

Requires Improvement

Is the service safe?

Our findings

People said they felt safe living in the home. One person said, "It is good to have a call bell, so I know staff will come if I need them." A relative told us, "I can sleep at night now, knowing that my relative is safe here." Another person expressed interest in the fire safety in the home, and the registered manager said that she would explain her 'personal emergency evacuation plan' (PEEP) to her so that she would be informed about what would happen in the event of an emergency. Each person had their own individual PEEP, which provided a clear explanation of how staff should protect people in the event of an emergency. There was a map in place for each person's bedroom, showing how they should be evacuated from the premises if this was needed. Staff were familiar with these processes, and took part in regular fire drills.

Staff recruitment procedures did not meet requirements for all staff to have Disclosure and Barring (DBS) checks prior to confirmation of employment and working within the home. The process failed to ensure that people were assessed as safe to work with people living in a care home. The registered manager had requested that DBS checks were carried out for all staff. The company's Human Resources department had been informed by its external provider that the staff job roles were not eligible for DBS checks. Application forms for some people who had been recruited within the last 18 months did not include a full employment history. Applicants had been requested to include a curriculum vitae (CV), but we did not see these for two staff, and dates of previous employment were missing. This meant that there were gaps in people's employment history, and the service could not confirm they were suitable staff to care for people.

We found that the registered person had not protected people against the risk of unsuitable staff being employed. This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff training records showed that the staff had received training in safeguarding adults during the last two years. Staff confirmed their understanding of the different types of abuse and what action to take if they suspected abuse might have taken place. The registered manager was familiar with the processes to follow if any abuse was suspected in the home; and how to contact the local authority safeguarding team. There was a copy of the local safeguarding protocols in the registered manager's office and in the staff room, so that it was easily accessible to staff. Staff confirmed that they were also informed about the home's whistleblowing policy, whereby staff should be able to report concerns about other staff members in a way that did not cause them discrimination.

The registered manager kept staffing levels under review in line with people's assessed needs. The numbers included one nurse on duty at all times; and usually four care staff in the mornings; two or three care staff in the afternoons and evenings; and one care staff at night. Staffing rotas had been adjusted in discussion with the nursing and care staff to include one day care staff commencing duties at the earlier time of 07.00 each day. This was because there were a number of people who preferred to get up early, or have breakfast early, and an additional member of care staff ensured that people's needs could be met. Other staff included catering, domestic, and administrative staff. People said that there were always enough staff, and the staff were "Wonderful".

There were systems in place to maintain the safety of the environment. Auditing processes included checks for health and safety, risk assessments and accidents. The registered manager carried out monthly bedroom checks to look at all aspects of safety in each person's room. This included checking there were no trailing wires, and that furniture, fittings and carpets were in good condition. Hot and cold water temperature checks were carried out every month. A local plumber was employed to check that radiator and tap thermostats were working correctly. People sometimes had oxygen in use in their rooms, and a hazard warning notice was placed on their doors to ensure people were informed about the raised fire hazard. Many improvements had been made to the environment during the last two years, and included new carpeting in corridors, re-painting and decorating, and replacing loft insulation. Further improvements had been agreed by the provider, including altering an existing bathroom into a wet shower room, so that people could have a choice of a bath or shower. The service was provided in an old building, which included some areas with asbestos. The risk assessments included an asbestos register. These areas were checked and photographed by an external contractor every six months, as part of the safety assessments.

Requires Improvement

Is the service safe?

Each person had individual risk assessments carried out on their admission to the home, in relation to their health and medical needs. These included falls risk assessments, prevention of pressure sores and skin care, and moving and handling risk assessments. The bedrooms were mostly small rooms, and overhead tracking hoists had been fitted to each bedroom, bathroom, lounge and dining room to enable nursing care to be carried out effectively. This meant that staff could support people to move using a hoist where this was needed. Each person who needed the use of a hoist had their own allocated sling fitted to their body measurements; and there were spare slings for when people's own slings were being laundered. Other relevant equipment was available in the home for people's support, such as a stair lift, raised toilet seats, pressure-relieving mattresses and grab rails.

Medicines were checked in and managed by the assistant manager. Storage was in locked cupboards and a locked medicines' fridge. Controlled drugs were stored in a cupboard which met the legal requirements, and were neatly documented. Daily medicines were stored in medicine trolleys which were locked to the wall when not in use. Liquid medicines and eye drops were dated on opening, which showed that nurses were aware that they had a short shelf life. There was always a nurse on duty as well as the manager or assistant manager, which meant that the nurses had time to administer medicines without rushing or distractions.

Medicines administration records ('MAR' charts) were accompanied by a photograph of each person, and highlighted any allergies. Handwritten entries had been signed by two nurses to ensure they had been transcribed correctly from pharmacy labels. There were no gaps in signatures, and MAR charts were accurately completed, showing that people received their medicines as prescribed by their GP.

Good

Is the service effective?

Our findings

People said that their health care was well managed and that they were able to see a doctor when they needed to. A relative spoke highly of the extra care and attention that had been given to their family member while needing end of life care. They said "I cannot tell you how wonderful it is here. The care from all the staff is amazing".

Staff were knowledgeable about people's individual needs, and we heard staff giving explanations and reassurance to people when they were helping them. New staff were taken through the Skills for Care 'common induction standards'. These are the standards people working in adult social care need to meet before they can safely work unsupervised. Required training was completed during the probationary period and included food hygiene, first aid, health and safety, moving and handling, infection control, fire safety and safeguarding adults. There were systems in place to keep staff up to date with refresher training. The registered manager was aware that two staff were out of date with moving and handling training, and they had been booked on to a refresher course in the next two weeks. Two of the staff were in the process of carrying out a 'Train the trainer' course for moving and handling, so that they would be able to deliver this training within the home in future. Other training was carried out through distance learning, and through face to face training in local areas. A staff member said "It's good to go out to training together, as we can discuss subjects then". The registered manager had systems in place to check that staff had understood their training and knew how to apply it.

Staff were supported through regular individual supervision. Each staff member knew who their line manager was, and when their next supervision session was due. Supervision followed a set format, looking at the staff member's strengths and weaknesses, their objectives, and learning programmes. Yearly appraisals and six-monthly reviews were carried out by the registered manager as part of each staff member's personal development plan.

Nursing staff had been trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). This enabled them to carry out mental capacity assessments to ensure that people could fully understand the relevant information when they needed to make decisions. People sometimes lacked full mental capacity to make complex decisions about their care, but were able to make day to day choices such as the clothes they wanted to wear or menu choices. Staff promoted people's independence, but had arrangements in place for supporting people if complex decisions were needed in regards to their care and treatment. This included meetings with their next of kin, representative or advocate, and with health and social care professionals, to make decisions on their behalf and in their best interests. There was no-one in the service who was assessed as needing to be deprived of their liberty for their own safety, and therefore no applications had been made for DoLS authorisations. DoLS concerns making decisions about depriving people of their liberty, so that they can be given the care and treatment they need, where there is no less restrictive way of achieving this.

People were encouraged to retain their independence, and to choose where they wanted to go and what they wanted to do. Staff asked people for their verbal consent before carrying out personal care tasks. Written consent was obtained from people or their next of kin (if this was the person's choice) for consent to care planning and taking photographs. These might be for medical purposes, such as to show bruises or wound healing; or may be for a display of activities within the home.

People said that staff gave them clear information and discussed things with them. This included daily choices for food and drink. Menus for the day were displayed in the dining area, and people were able to ask for alternative items if they did not wish for the choices on the menu. The cook told us that she often provided four or five different items for people. The catering staff kept a list of each person's likes and dislikes so that they became familiar with people's preferences. The cook discussed forthcoming menus with people, so that changes could be made to accommodate people's different ideas.

The main meal was provided at lunch time, and most people chose to eat together in the dining area. This provided a social atmosphere. The cooks were familiar with people's different dietary needs, including vegetarian diets, diabetic diets, and puree/soft food diets. The main meals were served by the nurse on duty, so that they could assess portion sizes, and identify if people were eating well or had any difficulties. Some people needed assistance with eating and drinking. Staff were sensitive in their approach, and engaged people in quiet conversation while assisting them. Drinks and snacks were offered throughout the day, and included home-made cakes in the afternoons. All food

Good

Is the service effective?

was home cooked. Fresh fruit and vegetables were used every day, and were delivered from a local source three times per week. People told us, “I love the food”, and “It is very good food here”. A recent visit from the local council’s Environmental Health Officer had awarded the kitchen with the highest award of five stars for food hygiene.

Nursing staff carried out nutritional assessments with people when they moved into the home. This ensured that their dietary needs were met, and that catering staff were informed about their food preferences and any allergies. People were usually weighed monthly, unless there were concerns about their weight when weekly weighing could be more appropriate. Weight records showed if there had been any significant weight gains or losses, and what action was taken in response to this.

The nurses informed the visiting GP of people who were unwell, and ensured that they had regular medication reviews. Referrals were made to other health professionals as needed. These included visits from physiotherapists, occupational therapists, dieticians, podiatrists, dieticians and dentists. Other visits had been made by consultants for orthopaedics, dermatology and psychiatric care.

People were assessed for their skin viability and the possibility of developing pressure ulcers. Pressure-relief mattresses and cushions were put in place, and staff ensured that people who were vulnerable to pressure ulcers were assisted to move their position at regular intervals, such as every two hours. Fluid charts were maintained for people who were at risk of a low fluid intake, so that nursing and medical staff could evaluate their progress. The nursing staff spoke knowledgeably about what to do in regards to meeting people’s different health care needs.

Good

Is the service caring?

Our findings

People spoke highly of all of the staff. Their comments included, “It is wonderful care here”; “It’s fantastic here, you can’t fault it”; and, “All the nurses are kind and attentive, and I am very happy here”. Another person told us that they had felt very nervous when they were first admitted to the home, but “The staff are all so kind I feel settled in now”. A relative told us, “We know that these are staff who really care about people”. People’s care plans included details of their life history, previous occupations and their family members, so that staff were informed about their lifestyles and interests. This enabled them to relate to people more easily.

The service ensured that people’s privacy and dignity was maintained. Personal care was given discreetly in people’s own rooms or bathrooms. There was adequate screening to retain people’s privacy in one shared room, where two people had chosen to share together. Staff ensured that call bells were kept accessible to people in their rooms, and they responded promptly when people called for assistance. Each person had a lockable facility in their room and had their own key. This provided a place for their personal possessions. Two people were unable to use the call bell hand sets, but had been provided with a hand bell that they could pick up and ring. These had different tones so that staff could quickly identify who was calling. People’s bedrooms were personalised with their own items according to their wishes.

People and their relatives were kept informed of any changes relevant to their care plans or health needs. A relative said, “They are marvellous at informing us of anything that happens”. People were provided with information about the home when they were admitted, and with the minutes from residents’ meetings. These were sensitively provided in large print making them easier to read.

Staff demonstrated a good relationship with people and their relatives. Staff knew relatives’ names, and the communication between them was cheerful. Family and friends were able to visit at any time, and said that the staff were welcoming and always offered them a drink. Most people had full mental capacity, but some chose to include their relatives to act on their behalf, or to take part in discussing aspects of their care. The registered manager and nurses were informed about how to contact and involve advocacy services for anyone who needed someone to represent them.

People were encouraged to retain their independence. For example, we saw that a person’s care plan stated about their personal care, “Can still wash own hands and face”. Another care plan instructed staff to provide a person with two plate guards round their plate at meal times, as this helped them to manage to eat meals on their own.

Responses from questionnaires carried out during the last few months were very positive, and people had also written thank you cards to express their satisfaction with their care. Comments included, “A big thank you to all the staff, we appreciate all your kindness”; and “A very big thank you for all the love and care shown to my relative”.

The staff showed compassionate care towards people at the end of their lives, and kept them as comfortable and pain free as possible. People’s own wishes were respected. Some people had instructions for ‘Do not attempt resuscitation’ (DNAR) in their care plans. These had been discussed with the person and their relatives if appropriate, and with the person’s GP or medical consultants. Staff checked if people had any specific cultural or religious needs or preferences at the end of life, so that these could be adhered to.

Good

Is the service responsive?

Our findings

People's care plans reflected their individual choices and interests. One person told us, "I love reading and they have a wonderful library here." Another person told us they liked to sing and play the piano, and we heard them singing during the afternoon. People were encouraged to pursue their own preferences. A group of people were sitting in the first floor sun lounge during the morning, and said that it was a lovely place to sit and they enjoyed chatting together. They told us that there were activities and outings to join in with if they wished to do so. These included individual activities such as manicures, reading and cross words; and group activities such as armchair exercises, reminiscence, games and word searches. People had shown a recent interest in having 'Beetle drives'. The registered manager arranged for singers to come in at regular intervals, and for a monthly church service to be held in the home.

The staff and volunteer 'Friends of St Johns' arranged special days or entertainment for specific occasions such as Christmas and Easter. These included Christmas parties, making Easter bonnets, and coffee mornings. In good weather people enjoyed being taken to the seafront, and to local places of interest for outings. The service was able to use a St John Ambulance minibus which accommodated wheelchair users, so they could visit garden centres, seaside areas, and cafes for lunch or cream teas.

People's family and friends were made welcome in the home, and were invited to take part in outings, activities and residents' meetings. The service had 'surround sound' fitted in the lounge/dining room, to enable people with impaired hearing to hear more clearly. The building was wired for wifi in all areas, which enabled people to skype their friends or family members who lived abroad or at long distances.

People's care plans showed that they had individualised care. The registered manager carried out a pre-admission assessment before people were admitted to the home, to ensure she was informed about people's needs, and to assess if they could meet these. People were involved in all aspects of their care planning, and their family members were included if this was their wish and was appropriate for them. Care plans were reviewed each month to ensure they were kept up to date.

Care plans included all aspects of people's care needs, such as their personal care, communication, mobility, nutrition, pressure relief, social preferences and medicines. The plans identified people's specific needs, and gave clear directions for staff. For example, one plan stated, "Skin is very fragile and prone to bruising and skin tears, so take great care with mobility". Another one identified that a person needed an air wave mattress and air wave cushion in their armchair to prevent pressure damage. There were clear directions for staff for people who needed assistance with a hoist for moving them. These showed the size of sling allocated to each person, and stated that two staff must be present when hoisting was carried out.

People were confident that they could raise any concerns with the staff or the registered manager, and said they would not hesitate to complain if they needed to. They said that they saw the registered manager nearly every day, and could talk to her or the nursing or care staff. Copies of a 'Comments, compliments and complaints' leaflet were placed strategically by the visitors' signing in book in the reception area. This ensured that it was easily accessible for anyone to use. The leaflet encouraged people to provide their feedback, and gave clear details for how to complain. Contact details were included for the company's South East Region Assurance Manager.

People were able to use residents' meetings or quality assurance questionnaires as different ways of raising concerns, and these were appropriately addressed. Any concerns or complaints were documented by the registered manager, and original letters or e-mails were retained on file. Concerns were fully investigated by the registered manager, and followed up to ensure people were satisfied with the outcome. Staff dealt with day to day matters promptly, so that they did not escalate into complaints. There had been no formal complaints during the previous year.

Good

Is the service well-led?

Our findings

People said the registered manager and staff were approachable, and we observed that they were relaxed in their company. The registered manager had an open door policy and a visible presence in the home, which enabled people to feel confident that she would listen to their views and address any issues. Her open door policy was made clear to people at the time of admission, so that they knew that they could talk with her at any time. The registered manager worked closely with the assistant manager and nursing staff, and each had different areas of interest and responsibility. For example, the assistant manager oversaw the medicines' management, and other nurses took the lead in infection control, wound care and continence care.

Staff were encouraged to share their views about the service and raise any ideas. Staff said that they felt able to share anything at any time. One staff member said, "It is like an extended family here. All the staff care for each other as well as for all the people here. We work well together". Another staff member said "We are like one big family. We all work together as a team". Staff meetings were carried out at regular intervals and the minutes for a staff meeting in February 2015 showed that it was well-attended. Staff ideas were listened to and taken on board to bring about improvements. For example, a staff member had pointed out that many of the people in the home liked to have an early start to their day with breakfast and getting up. This meant that around 07.00 was a very busy period. It was agreed at a staff meeting to change the daily shift times for one member of care staff each day, so that they would commence their duties at 07.00. Four care staff had offered to come to work earlier, which had enabled the registered manager to implement this change.

Residents' meetings provided a forum for people to discuss things together. Recent subjects had included discussing flu vaccinations, and changing the menus. The registered manager and catering staff had added in 'themed' food days as a result of these discussions. These had included an Italian day and a Chinese day, when different foods were added to the menus. Minutes of residents' meetings were provided in large print to make them more accessible; and staff discussed them with anyone who was too unwell or unable to read the minutes.

Six-monthly quality assurance questionnaires were carried out a few weeks before residents' meetings, so that the results could be shared at the meetings. The responses from quality assurance questionnaires for October 2014 were very positive. Questions had included, 'Are you happy with the home's menus and do you have enough to eat?' and, 'Are the staff respectful, kind and courteous?' People had added in comments, such as, "I think this home is marvellous, I love it here".

The service benefited from a volunteer group called the 'Friends of St John', who visited people and took part in organising activities and outings. They also raised funds for extra items, and in the last year these had included a bird bath, and tubs of flowers to enhance the outside sitting area.

The registered manager carried out quality assurance audits to monitor the home's progress and to inform the head office. These involved quarterly audits which covered a wide range of subjects, including environmental audits and cleanliness; risk assessments; kitchen standards; staff supervisions and appraisals; staff training, and activities. Monthly audits were carried out for medicines' management and care plans, to ensure these were kept up to date. The audits were assessed and used to make on-going improvements in the home.

The registered manager had systems in place which enabled her to locate records quickly. People's personal records were kept in a locked area so as to retain their confidentiality. Care plans were brief but focused, and contained all the required information in a format which was easy for staff to access. Care staff wrote daily records for the care they gave. These included relevant details of people's personal care, medicines, health changes, eating and drinking, and any mood changes. Records contained appropriate information, had been properly signed and dated where applicable to ensure they were an accurate record of events, and were kept up to date.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Requirements relating to workers. How the regulation was not being met: The provider did not operate effective recruitment procedures in order to ensure that people employed for the purposes of carrying out the regulated activity were of good character; and did not ensure that information specified in Schedule 3 was provided.