

R & E Kitchen

# St Johns Nursing 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?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

St Johns Nursing Home is a 'care home' which can accommodate up to 38 people in one adapted building. There were 31 older people living at the service at time of inspection, some of whom were living with dementia and/or had nursing care needs.

### People's experience of using this service:

We found that the care people received was in line with the characteristics of good in all key questions, safe, effective, caring, responsive and well led.

People were protected from risks associated with their health and the risk of suffering abuse and harm. Risks related to the environment such as fire safety were thoroughly assessed and mitigated.

Staff received appropriate training in their role. They understood people's needs in relation to their health and wellbeing.

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

Staff were caring in their approach and treated people with dignity.

People received individualised care, which reflected their needs and preferences.

The manager was professional and dedicated in their role. They had effective systems in place to monitor the quality and safety of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 20 October 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve in ensuring there were robust recruitments processes in place. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

This was a planned inspection based on the previous rating.

### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# St Johns Nursing 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.

#### Inspection team

One inspector and an Expert by Experience carried out the first day of inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert for this inspection had experience caring for relatives living with dementia. One inspector carried out the second and third day of inspection.

#### Service and service type

St Johns Nursing 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 service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Since our last inspection in August 2018, the previous manger had left the service. The manager started working at the service in December 2018 and had applied to CQC to register as manager. This application was in progress at the time of inspection.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

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.

We spoke to two healthcare professionals and one social worker who had recent experience working with the service.

We reviewed audits, quality assurance records and notifications of significant incidents at the service which the provider sent to us since our last inspection.

We used all this information to plan our inspection.

During the inspection-

We spoke with five people and nine relatives. We spoke with the manager, the deputy manager, the operations manager, three nursing staff, five care staff and the administrator.

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.

We reviewed a range of records. This included five people's care records and multiple medication records.

We looked at seven staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question had improved to good

Good: This meant people were safe and protected from avoidable harm.

At our last inspection the provider failed to operate effective recruitment procedures to ensure suitable staff were employed. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 19.

- The provider had established an effective system to ensure new staff were subject to appropriate pre-employment checks before working with people.
- Pre-employment checks included, assessment of staff's knowledge in relation to their role, exploration of employment history and references from previous employers.
- Staff were also subject to a check with The Disclosure and Barring Service (DBS). A DBS check helps providers identify when staff are not suitable to work in social care settings.
- Since our last inspection, the provider had completed an audit of all staff's recruitment documentation to ensure that all required information and checks were present.
- This helped to ensure that all staff had been subject to robust pre-employment checks to help assess their suitability for their role.
- There were enough staff to meet people's needs. The manager had overseen a significant reduction in the use of agency staff, by recruiting and retaining permanent staff. This helped to promote a consistent quality of care.

Systems and processes to safeguard people from the risk of abuse

- There were policies and procedures in place to help protect people from the risk of suffering abuse and harm.
- Staff had received training in safeguarding adults. This training helped them to recognise the signs of abuse and take the appropriate action to keep people safe.
- The manager understood their responsibilities in reporting safeguarding concerns to the local authority. Records of referrals made demonstrated the manager had taken appropriate actions when concerns about people were raised.

Assessing risk, safety monitoring and management

- Risks to people in relation to their health, wellbeing and environment were assessed and mitigated.

- For example, where people were at risk of developing a pressure ulcer, appropriate treatment plans were in place to ensure this risk was reduced. Some people had been admitted to the home with existing pressure ulcer. The provider had demonstrated a good record of the management of these injuries, many of which had healed.
- The environment at the service was safe. The provider had up to date fire safety risk assessments, checks of emergency equipment and evacuation plans in place. Regular fire drills took place to help ensure staff understood their responsibilities in the event of an emergency.

#### Using medicines safely

- There were safe systems in place for the ordering, administration, storage and disposal of people's medicines.
- People had medicines care plans in place. These detailed their prescribed medicines and preferred administration routines.
- Some people were prescribed medicines 'when required' for pain or anxiety. There were clear guidelines for staff to follow regarding these medicines. This helped to ensure that people received them appropriately.

#### Preventing and controlling infection

- The service was clean and there were measures in place to reduce the risk of infections spreading. One relative told us, "It is noticeably cleaner in here than in the past. You can smell how fresh it is."
- The provider had employed domestic staff, who had a cleaning schedule in place to ensure the home was kept clean and hygienic.
- There were appropriate arrangements in place for the safe disposal of clinical waste.
- In August 2018, The Food Standards Agency awarded the home a three-star rating. Their ratings system describes this rating as 'hygiene standards are generally satisfactory'. The provider had completed an action plan to meet the recommendations given and was awaiting a subsequent inspection to assess how effective these measures were.

#### Learning lessons when things go wrong

- The manager encouraged staff to be reflective about their practice when incidents occurred, or things did not go to plan.
- In one example, the manager had reviewed their processes when assessing the needs of new people before admission. One person had been admitted to the home with significantly more complex needs than first thought. This had contributed to unforeseen challenges and difficulties meeting the person's needs, which they were able to do with additional input from community nurses. The manager had adjusted their assessment process in response.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

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

- The manager and clinical lead carried out assessments of people's needs to formulate appropriate care and treatment plans.
- They used a set of nationally recognised tools to assess people's staffing needs, risks of malnutrition and dehydration and the risk of skin break down.
- As part of a condition on the provider's registration, the manager had shared all pre-admission assessments with CQC to illustrate how they would provide effective care for prospective admissions.
- Through this process, the manager and clinical lead had demonstrated a clear understanding of the range of needs the service could meet, and when they were unable to meet people's individual needs.

Staff support: induction, training, skills and experience

- Staff received appropriate training, induction and supervision in their role. New staff received training in line with the Care Certificate. This is a nationally recognised set of competencies related to working in social care settings.
- Staffs' training was regularly refreshed to help ensure they were following current best practice. Many staff were supported to obtain additional qualifications in health and social care to increase their skills and knowledge.
- New staff received structured induction and ongoing support in their role. This included reading policies and procedures, working alongside experienced staff and reviewing their progress in supervision meetings with senior staff.
- Nursing staff were supported to maintain their professional registrations and attend external training relevant to their roles.

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

- People told us they enjoyed the range and quality of food on offer. One person told us, "I do like the food here. There is always a choice."
- People's nutrition and hydration needs were identified in their care plans.
- Where people had been identified as being at risk of malnutrition or dehydration, appropriate measures were put in place to monitor their food and fluid intake. Where people eat and drank below expected levels, staff contacted medical professionals appropriately.



- People were offered a range of snacks and drinks throughout the day to promote good nutrition and hydration. One person said, "They are always offering me drinks and bits and pieces to snack on."
- Staff understood people's preferences and provided meals according to their taste. For example, one person did not eat well when presented with a large portion. Staff ensured the portion size of their meal was adjusted and served on a smaller plate. This had been successful in encouraging the person to eat well.

Staff working with other agencies to provide consistent, effective, timely care

- Where people had ongoing medical input into their care, the provider ensured there were effective working relationships in place to help ensure people were receiving co-ordinated and consistent care.
- The provider had effective systems to ensure the smooth transition of people in and out of the service. This included sharing care plans with outgoing and incoming providers and designating staff to spend time with new people to help them feel comfortable and safe.

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

- Since our last inspection, the provider had carried out work to decorate and declutter the service.
- The lighting at the home had been improved. The provider had installed brighter lights and painted communal areas in a lighter colour. This helped people orientate around the home as it was brighter.
- The provider had removed a significant amount of old furniture which was no longer in use. This helped give the home a more spacious feel and enabled communal spaces to be used flexibly for activity, relaxing or dining.
- Plans to renovate the first floor of the service and develop secure outside space were ongoing at the time of inspection.

Supporting people to live healthier lives, access healthcare services and support

- People had access to regular healthcare appointments such as doctors, dentists, podiatrists and opticians.
- People were supported to exercise where possible to remain as active as they wished.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- The provider had assessed people's capacity to make key decisions about their care.
- To support their decision making process, they used a capacity and best interests assessment tool, which had been developed by the local authority.
- The provider had completed appropriate best interests' decisions for a range of key decisions about people's care including, covert medicines and the use of bed rails.
- However, there were some examples of decisions which were generalised and did not focus on a specific decision. For example, one person had a best interest's decision in place around 'activities'. From this assessment, it was not clear what the specific decision or outcome was from this process.
- We brought this to the attention of the manager and deputy manager. They had a sound understanding of the requirements of the MCA and had been working to review historical best interests' documentation, to ensure each it was specific, appropriately assessed and recorded. This was ongoing at the time of inspection.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same

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 told us that staff were caring and in tune with their needs.
- Comments included, "The staff are very caring and supportive", and, "[My relative] is very well looked after by staff. They understand him well."
- We observed staff to be patient and intuitive to people's needs, offering support when required and engaging people in humour when encouraging them with tasks. One relative told us, "My observation is that staff never rush [my relative]. Everything is done with a smile."
- Relatives told us they felt welcome at the service. They said staff encouraged them to stay for meals or join in with activities if possible. One relative said, "There is a real family atmosphere at the home." Another relative said, "The home is a happy place. Staff work hard to give it a good atmosphere."
- There was a call bell system in place which people could use to contact staff for assistance. Staff were quick to respond to these calls to help ensure people were not left waiting to receive their care. One person said, "The staff sometimes will come running when I call the bell!"
- The provider had made arrangements to help enable people to follow their chosen faiths, religious and cultural beliefs.

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

- People and relatives told us they were involved in developing and reviewing their care plans.
- Comments included, "I have been involved in [developing the care plan] from the start", and, "I was asked about updating my care plan quite recently."
- Relatives told us that where appropriate, staff kept them informed about important incidents or changes that took place. They told us there were effective communication arrangements in place to ensure they were kept updated about their relative's health and wellbeing.
- Comments included, "I was recently told when [my relative] had a chest infection. It is reassuring to know they call you", and, "I always get a phone call or an update about how [my relative] is. As they are not well, it is always good to have that two way contact with staff."
- The manager had introduced systems to ensure people were regularly involved in reviewing and updating their care plan. The 'resident of the day' initiative ran on a rolling cycle. This involved designating a day where people and relatives were invited to formally review care plans with senior staff. This helped to ensure people and relatives felt involved.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. One person said, "The staff always treat me with respect."
- People were supported discreetly with their personal care. For example, staff noticed one person looked uncomfortable and agitated in their seat. They recognised they might need to use the toilet. The staff member quickly organised appropriate mobility equipment and additional staff to attend to the person's needs. Whilst this was taking place, staff spoke calmly to the person, who appeared reassured by this approach.
- There were appropriate arrangements in place for the secure storage of people's confidential information and valuable items.
- Staff completed a periodic 'dignity audit'. This audit helped the manager assess whether the service reflected the principles of delivering dignified care. A recent dignity audit carried out in January 2019 had led to the introduction of clearer signage at the service. This helped make it easier for people and relatives to locate different areas of the home.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same

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 detailed their medical history, background and preferences around their care.
- Care plans were regularly updated to reflect people's most current needs.
- However, some updates of care plans were hand written and difficult to read. Although staff understood people's needs well, they told us some care plans were confusing to read and time consuming to update.
- The manager told us that it was the provider's intention to write and update care plans electronically, which would make them more legible and accessible for staff.
- People's preferences around their daily routines were identified in their care plans. One person liked to get up later in the day. They were supported to get up and have their breakfast late morning as preferred.
- People were supported to remain active and busy throughout the day. The manager had made improvements to how communal spaces were utilised. People were supported to use different spaces for different purposes throughout the course of their day. For example, people were supported to different spaces for dining, activities, socialisation and rest. This helped to give people variety in their day.
- The provider had employed an 'activities co-ordinator'. Their role was to organise activities in line with people's interests. This involved providing activities for people in group settings and on an individual basis. People told us they were happy with activities offered. One person said, "I can join in as much as I like. There is enough to do here."
- The provider had invested in new mobility equipment, such as stand aids and hoists. This was in response to people's changing needs and it helped enable people to remain active and safe throughout the day.
- The manager assessed, and recorded people's communication needs in their care plans. Where people had specific communication needs, adjustments were made to ensure these were met. For example, one person frequently requested food and drink as they were disorientated about the time of day. Staff were consistent in their approach to these requests and the person appeared reassured by their interventions.
- The provider complied with the Accessible Information Standard, a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. The policy detailed how people could make a complaint and how the provider would investigate and respond.
- People and their relatives told us they trusted the manager to investigate and responded to complaints

appropriately.

- Comments included, "If I had a problem, I would speak to the nurse or manager", and, "I believe the manager would listen to anything I needed to raise with her. The lines of communication are always open."
- Records of formal and informal complaints demonstrated that the manager took concerns raised seriously and responded in line with the provider's complaints policy.
- The manager completed a monthly 'complaints tracker' which detailed complaints raised and their resolutions. The provider regularly reviewed this tracker to help oversee that complaints were resolved appropriately.

#### End of life care and support

- Staff had received training and qualifications in end of life care. They accessed the 'Six Steps Programme', which is a nationally recognised approach to delivering effective and empathic care for people at the end of their life.
- People had end of life care plans in place. These detailed their preferences around care during their last days. These plans also included care plans in relation to medicines and medical input, as their conditions progressed.
- The provider made arrangements for people and families to have the opportunity to spend private time together. They had adapted a room, which enabled people to stay with their relatives if they wished.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Since our last inspection, the previous manager had left their role. The new manager had sent an application to CQC to register as manager of the service. This application was in process at the time of inspection.
- Since our inspection in January 2018, we had imposed a condition on the provider's registration stating they needed our written permission before admitting any new people into the service. The manager had shared all pre-admission assessments with CQC and had demonstrated how they would meet the needs of new people.
- There was a clear management structure in place. The manager and the deputy manager's working schedules meant a senior member of management was present every day of the week. They had structured time together in the week to hand over information or share feedback.
- There was a clinical lead in place, whose role was to oversee the nursing staff. There were senior care staff who supervised care staff.
- The provider had an operations manager who regularly carried out audits and assisted the manager with the day to day running of the service when required.
- The provider had a good knowledge of the day to day culture of the service. They were in regular attendance at the service, chairing staff meetings and speaking to people about their experience of receiving care.
- The manager carried out regular audits of key areas of the service. This included, medicines, infection control and health and safety. The audits were effective in picking up issues where improvements were needed. For example, audits picked up when certain areas of the home required a deep clean.

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

- People and relatives told us the management team of the service were approachable and effective in their role. Comments included, "The new manager seems to have sorted out some of the main issues and the home is much better as result", and "All the managers are very open and approachable."
- Staff told us the manager had successfully implemented a positive culture at the service. Comments included, "It has been a rocky ride over the past year, but we finally have a settled and happy team", "The

manager has been a brilliant source of support."

- The manager and deputy manager were a visible presence at the service. They were available to staff, people and relatives to give support, advice or feedback.
- They ensured they worked at the service both during the day and at night. This helped ensure night staff were supported and monitored in their role.
- The provider had a duty of candour policy in place. This detailed their responsibility to be open in communications with people and others involved in their care when things went wrong. The manager had followed the policy appropriately.

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

- The manager held regular residents' meetings, where people and relatives could suggest ideas and improvements. After feedback from a recent residents meeting, the provider had implemented more hot food being available in the evenings, which suited some people's preference.
- The provider also sent out feedback questionnaires to people, relatives, staff and professionals.
- They collated this feedback together into an action plan detailing how and when they would make improvements. Completed actions from the most recent action plan included, improvements to the levels of activities on offer for people, a deep clean of one bedroom and improved communication systems between staff.
- The provider had also engaged members of the local community to help provide people resources and activity. This included inviting school children and other volunteers into the service to spend time with people for companionship.

Continuous learning and improving care

- Since our last inspection, the manager had continued to send us updates about the improvements they were making at the service.
- They had implemented improvements to, the home environment, recruitment processes and the provision of activities.
- There had also been improvements to the handover between staff at the start and end of shift. This helped to ensure that all nursing and care staff were receiving consistent information about people's needs.

Working in partnership with others

- We received good feedback from social workers and healthcare professionals about their working relationship with the provider.
- The provider had acted on feedback from external audits from pharmacists and the local authority to make improvements. In one example, they had made changes to how topical creams were stored in response to feedback from a pharmacy audit.
- The provider worked with the local GP practice, community nurses, community psychiatric nurse, and speech and language therapists in ensuring people had the appropriate care and treatment.