R & E Kitchen

St Johns Nursing Home

Inspection report

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Ratings

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

Overall summary

This inspection took place on 19 and 26 January 2015 and was unannounced. At the time of our inspection 31 people were living at St John's Nursing Home.

Our last inspection took place in February and March 2014. At that time we found the service needed to make improvements in infection control, in the management of medicines, specifically in how medicines were stored and in the way people understood how they could complain. At this inspection we found improvements had been made in these areas.

St John's Nursing Home is situated on the outskirts of Southampton. It is registered to provide care support and treatment for up to 34 people. This included some people who are living with dementia. There were building works going on when we visited which will improve the bathing and communal facilities for people.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

During this inspection we found two breaches in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which now corresponds to breaches of the Health and Social Care Act 2008 (Regulated Activities)

Summary of findings

Regulations 2014. These related to the management of medicines and the way in which the service managed quality assurance. You can see what action we told the provider to take at the back of the full version of this report.

Improvements were needed to ensure staff consistently followed the principles of the Mental Capacity Act 2005 (MCA). Information was not always handed over effectively when shifts changed. Care planning information needed to be updated as people's needs changed.

There was a stable staff team who knew and understood people's needs. Staff worked in collaboration with health and social care professionals to improve people's experience of care, treatment and support.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS), which is part of the MCA and relates to promoting people's rights to freedom of movement. We found the home was following the correct DoLS procedures.

Staff suitability was checked at recruitment to ensure they were safe to work with older people. Risks were identified and managed. The home was staffed with enough care workers to meet people's individual needs and staff received training relevant to their roles.

Staff demonstrated a caring and friendly manner. They also supported people to maintain relationships with friends and relatives.

Support was provided to maintain or improve people's health and wellbeing, through regular appointments with health professionals such as GPs.

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

Some aspects of the service were not safe.

Improvements were needed in the way some medicines were managed.

Staff knew how to recognise and report abuse and risk to people's welfare and safety was identified and responded to.

Staff were appropriately recruited in sufficient numbers to care for people safely.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective.

The service needed to ensure they were applying the principles of the Mental Capacity Act 2005 regarding consent to people's care and treatment.

Staff generally received appropriate support and training.

People's nutritional needs were met. People were helped to maintain their health and wellbeing and saw doctors and other health professional when necessary.

Is the service caring?

Requires Improvement

Some aspects of the service was not caring

There was a risk of a breach of confidentiality during staff handover .

Staff generally were kind, friendly and supportive.

People were involved in making decisions about their care and staff helped promote their independence.

Is the service responsive?

Requires Improvement

Some aspects of the service was not responsive

The environment needed to improve to enhance people's dining experience.

People's individual needs and preferences were assessed and understood but changing care needs were not always reflected in people's care plans.

Complaints were investigated but not analysed for any possible trends.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well led

Although there were systems to assess the quality of the service provided these were not always effective and were not always driving improvements.

Summary of findings

There was visible leadership within the home, and the registered manager involved people and staff in developing the service.	

St Johns Nursing 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 and 26 January 2015 and was unannounced. At the time of our inspection 31 people were living at St John's Nursing Home.

The inspection team consisted of two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had personal experience in caring for older family members who had used health and care services and had experience of caring for people living with dementia.

We reviewed information we had received since the last inspection. The registered manager had completed a provider information return (PIR) before the inspection. This gave us background information about this service.

We used a number of methods to gather evidence during this inspection. We talked with seven people who lived at St Johns, three visitors and seven staff. We observed a staff handover and we observed how staff interacted with people in public areas We reviewed six people's care and treatment records. We also reviewed staffing records and records which related to policies and procedures and the quality monitoring of the home. We spoke with one social care professional to gather feedback about how people were supported in the home.

Our last inspection took place in February and March 2014. At that time we found the service needed to make improvements in infection control. This related specifically to laundry facilities. We said improvements were also needed in the storage of medicines as they were not always secure and the complaints procedure had not been updated to ensure everyone was sure how to complain. At this inspection we found improvements had been made in these areas.

Requires Improvement

Is the service safe?

Our findings

At the previous inspection we found improvements were needed in how medicines were managed. These improvements related specifically to how some medicines were administered and disposed of. The provider wrote to us and told us what action they had taken.

During this inspection there was no written guidance for staff about when to administer medicines needed only 'as required', such as pain relief. The lack of written guidance increased the risk of people not consistently receiving 'as required' medicines when they needed them.

There were some gaps in the recording of these prescribed creams and emollients when we checked medicine administration records

One person, according to their care records, had an allergy to an antibiotic but this was not highlighted on the medication administration chart. This put the person at risk of being administered a medication which was not appropriate for them. Action was taken to correct this at the time our visit.

One person had run out of their prescribed medicine and was given a medicine which was the same product but had been prescribed for another person living at St Johns. This did not adversely affect either person but meant one was receiving medicine which had not been prescribed for them, and this was not in line with NICE guidance, managing medicines in care homes.

Some medicines were not securely stored whilst they were awaiting collection from a pharmacist. When we spoke with the registered manager about this they were locked away immediately.

The deficits in the management of people's medicines were a breach of Regulation 13 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2010 which corresponds to regulation 12 (f) & (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prescribed drugs were stored safely. Where necessary, medicines were kept in the fridge and the temperature of the fridge was monitored to ensure the correct temperature was maintained.

Accidents and incidents were recorded. We looked at incident records which had occurred since our last inspection. These mainly related to falls and stated no significant injury had been sustained by the person concerned. The accident and incident records described what actions had been taken to ensure the person was comfortable but it was not always clear what action had been considered to reduce the risk of reoccurrence.

Risks to people's health and welfare were assessed. There was guidance in people's records where they had a high risk of their health deteriorating, or were at particular risk of developing pressure ulcers or of losing weight. Health care professionals such as speech and language therapists had been consulted where required and specialist equipment such as pressure relieving mattresses had been provided where necessary. Staff ensured people who were at risk of developing pressure ulcers were assisted to change position regularly when they were in bed to help to ensure their comfort and health.

There were information sheets available at the front door to be used in the event of an emergency such as a fire. These described who lived at the home which room they were in and their medication needs. These were up to date and accurate.

People and their relatives were happy that St Johns was providing a safe environment. Staff said "everybody is very happy here". They said they had no concerns about the welfare of people living at the home. Staff described how they would notice any change in behaviour that was out of the usual; such as a change in a person's sleeping patterns or a change in the way they responded to receiving care and said they would report on this. They said if they had any concerns about the safety of people living in the home they would discuss this with senior staff and were confident any concerns they raised would be acted upon.

Any potential safeguarding incident was reported to Hampshire County Council under safeguarding arrangements and to CQC. Providers of health and social care services have to inform us of important events which take place in their service. The records we hold about this service showed that the provider had told us about safeguarding incidents and had taken appropriate action to make sure people who used the service were protected.

People who lived at the home and their relatives felt there were enough staff. Staff described themselves as "a good

Requires Improvement

Is the service safe?

team" who had worked together for a long time. The provider rarely used agency staff but used bank staff to cover temporary vacancies. Staff said they were occasionally stretched. When asked what impact this could have on people, they said "sometimes we don't have time to sit down and talk to people as much as we would like." We observed all call bells were answered in a reasonable time during our visits.

Staffing rotas showed there were two nurses and six care staff on duty in the mornings, one nurse and four care staff on duty in the afternoons and one nurse and two care staff on duty overnight. The registered manager was also there to help during the week as required. This was to support 31 people. The registered manager said staffing levels would increase if the collective needs of people at the service increased.

Staff recruitment records contained all checks required to ensure the home was following safe recruitment practices. There was evidence of prospective staff identification, training and qualifications, a returned criminal disclosure form and references from previous employers.

The laundry room had been completely refurbished with a sink and cleanable floor and walls. Staff said laundry facilities were sufficient to meet the needs of people living at St Johns. We saw no backlog of unwashed laundry. Since our last visit the service had appointed an infection control lead who oversaw infection control matters. The environment appeared clean during both of our visits.

Requires Improvement

Is the service effective?

Our findings

Staff said they respected people's wishes. They said "If someone refuses care we cannot force them", and described how they went back to ask people at a later time if they wanted assistance if at first they refused. One staff said "residents are given a choice and if they say no to male carers then we send only female staff" This was in line with guidance provided in people's care plans.

Some staff had completed training in the Mental Capacity Act awareness. Reference was made in people's records about whether they had capacity to consent to their care and treatment. Some people had been assessed as lacking capacity to consent and others had been assessed as having variable capacity to consent. However these assessments did not provide evidence that people's mental capacity had been assessed in line with the principles of the Mental Capacity Act 2005 (MCA). We discussed with the registered manager at the time of our visit that these assessments should be made clearer. Where people had been assessed as lacking capacity, relatives had been involved in decisions about their care. The registered manager ensured people had the support of advocates if they needed them. The registered manager was in the process of making applications for some people under deprivation of liberty safeguards. A deprivation of liberty occurs when a person is under continuous supervision and control and is not free to leave, and the person lacks capacity to consent to these arrangements

New staff had completed the skills for care induction programme. These are the standards people working in adult social care currently need to meet before they can safely work unsupervised. Established staff had completed mandatory training. One staff said "Yes I am adequately trained and I have all the updates". Staff confirmed they had received basic training in key health and safety areas such as moving and handling and fire safety. Records we saw showed staff had received training in fire safety, moving and handling, first aid and infection control in the past year. Training records in safeguarding of vulnerable adults showed not all staff had received up to date training in this. Staff said they had not received this recently but those we spoke with said they were confident they knew what to do if they were concerned a person was at risk of abuse. Ten staff who were not registered nurses had also achieved or were working towards other accredited qualifications in Health and Social care.

Staff said they received regular supervision sessions and also had informal chats with the manager. They had appraisals once a year. Staff said they also had their practice observed such as when they were assisting people with their meals. One staff told us they had received good feedback about this but had been advised to be more talkative with people when they were assisting them. They said "I thought about this a lot more and now I go and chat and I enjoy it".

There was a four week rolling menu and the chef could describe which people had special dietary requirements for example, if people had diabetes or if they needed a soft diet .The majority of people said the food was good, with a varied menu. We observed lunch being served in the lounge of the ground floor and in the first floor lounge. Those who needed help were provided with this and staff provided support in a timely way .Staff checked with people whether they wanted more to eat or drink. People's positive experience of mealtimes was compromised by the lack of dining tables and chairs which meant people had their meals in their armchairs. The registered manager said the new conservatory being built would have dining facilities which would improve people's experience at mealtimes.

People were provided with regular drinks throughout the day and some people who were at risk of becoming malnourished or dehydrated had their food and fluid intake monitored. There was detailed guidance, which staff followed, where people needed support with gastronomy tubes.

People were supported to maintain their health. People said they had good access to a GP and other health care professionals.People were referred to specialist health care professionals when required, for example, one person had been seen by a speech and language therapist for advice about eating. Records we saw included details of visits from health care professionals including GPs opticians and dieticians.

Requires Improvement

Is the service caring?

Our findings

We were present during a staff handover when staff on the early shift passed on information about people's health and wellbeing to staff on the later shift. This was done in the downstairs office and there was not enough room for all staff in the room. Some were standing in the corridor. Information exchanged regarding people was therefore not confidential and there was a risk people's privacy could be compromised. We discussed this with the registered manager at the time of our visit and they said current arrangements would be reviewed.

Most people said staff were caring. One person said the staff were "Very nice, attentive, very good". A Relative said staff were "Very helpful, friendly"; another said they "Liked the staff, one of the best things about the place". One person however said some staff did not talk with them but with each other when there were two of them assisting them in their bedroom.

Staff demonstrated a positive caring attitude towards people and were able to give examples of people's likes and how they supported them for example; "I really enjoy washing and dressing people, having that time with people when we have the music on sometimes we have a little disco or telling jokes – you can really enjoy your time with people". Asked about a person's likes one staff said "He is very particular so you have to make sure that when you move anything you move it back to where he wants it" Another said "I try to be polite and gentle and I always talk to people when I am giving care". We observed one staff taking a lot of time positioning a cushion at a person's side and checking they were comfortable. We also observed a staff gently stroking a person's hair when they were distressed to calm them. This was in line with guidance in their care plan.

People's records contained a social history with information about their background interests and family, although not all of these were complete. Records also contained information about people's likes and preferences such as how they liked to wear their hair and if they liked to wear slippers. One person's records said they enjoyed folk music and they were listening to this music.

Staff said they tried to ensure people were involved as much as possible in everyday decisions. For example, they had shortened the time between menu choices being discussed and meal times to ensure the gap was not too long and people could therefore remember better what they had chosen. Relatives and people living at the service confirmed they were given a service user guide to tell them about the service and said they were made to feel welcome when they arrived.

Some people who lived at St Johns did not have English as their first language. Staff liaised with family members where possible to aid communication but staff did not have any other means than talking to convey meaning. We discussed with the registered manager that other means could be explored such as using key words or pictures and the manager said they would look into this.

People were encouraged to be as independent as possible. Staff ensured they assisted people where necessary but did not take over peoples care and support where they were able to care for themselves. Staff said for example "we are just here if he needs us".

Visiting was encouraged and relatives could visit at any time. The only restriction was that if visitors were going to arrive after 9pm they were asked to let the home know in advance.

People confirmed staff knocked before entering bedrooms and asked before they did anything, that they addressed them by name. For those people sharing a room, there were movable screens that were used to provide privacy.

Requires Improvement

Is the service responsive?

Our findings

People were all sitting in their armchairs to have their meals. They had over chair tables for their dinner and pudding plates, glasses and cutlery. Where necessary staff were assisting them to eat and drink by sitting alongside them. We observed people who could eat unaided were having some difficulty due to these dining arrangements, because they were not always at the optimum angle and height for ease of eating and drinking. The registered manager acknowledged the lack of dining facilities and said the new conservatory which was being built, would contain a dining area to enhance people's experience at mealtimes.

Care plans did not always reflect people's up to date needs and preferences, for example one person's continence needs, dietary requirements and mobility needs had changed but this had not been detailed in their care plan. Their preferences regarding when they wished to be helped with their continence needs were also not recorded. This increased the risk of people not receiving the care and support they needed in the way they wanted it. Other people's care plans had also not been updated in good time when their needs had changed.

Fourteen people living at St Johns were sharing double rooms. The registered manager described how she considered people's compatibility before admitting a person to a double room. She said people's experience was monitored to ensure arrangements were appropriate and continued to be so. She gave an example of when there had been some difficulties with two people sharing a room and described how this had resulted in one person moving to an alternative shared room which better met their needs. We discussed arrangements for two people currently sharing one room as we were concerned this may not be a suitable shared arrangement. Neither person was able to tell us or staff about their experiences of sharing a room with each other. The registered manager said they would review this with their families to ensure their needs and wishes were being respected.

Since our last visit the complaints procedure had been updated to reflect how long the service had to respond to complaints and to include CQC contact details. It said each instance of complaint must be reported to the home manager. This was on display on a notice board by the office. Everyone we spoke with said they would talk with the registered manager if they had any complaints or concerns. One person told us, they had been trying to "Catch the eye" of the registered manager for a while to discuss some issues with them. We received confirmation following our visit the registered manager had discussed the issues with this person and had responded to their concerns.

The management of complaints procedure said a complaints record form would be completed once a complaint had been resolved. It said this would be reviewed on a regular basis for any adverse trends in service quality. There was no detailed record of complaints received. These were kept individually on people's files. This made it difficult to review complaints for any potential trends.

People said they could choose which one of the two lounges they could go to or said they could stay in their bedroom if they preferred. We observed one person asking for a smaller portion at a mealtime and staff member informed the cook about this. Other people were aware of the choices they had made for lunch. Not all relatives we asked said they had been involved in care review meetings but staff said they asked relatives about peoples likes and dislikes. Relative meetings were held and these provided information about matters pertinent to the service such as the progress of building works. Relatives were also asked for their opinions about the service. Staff were generally knowledgeable about the people in the home and what was important to them. People had a 'My life' sheet which families wrote to help staff understand what was important to them. Staff showed an understanding of how people's needs may vary. One said "We have to be aware that some people are good at using a stand aid in the morning but in the afternoon they require hoisting because they are tired."

People said they could participate in activities such as music, singing, exercise classes, quizzes and bingo. There was a hairdressing room onsite. No one identified any additional activities which they would like to be provided within the service although one person said they would like more trips out. Others said they went out to lunch and for afternoons with their friends and relatives. People were given a choice about whether they took part in the activities. Staff were patient when supporting people and gave them the time and support they needed to make

Requires Improvement

Is the service responsive?

decisions. There was an activity in the lounge during both days of our inspection This was well attended by people who were singing along with the live music provided by two musicians.

Requires Improvement

Is the service well-led?

Our findings

There were systems in place to assess the quality of the service provided however audits were not always effective. The registered manager or deputy were responsible for completing audits. These were overseen by a senior manager who also carried out their own spot checks. These covered subjects such as cleanliness, management of medicines and care plans.

Some improvements had been made due to concerns raised, such as additional staff had been employed for a deep clean of the home. The assessment of people before they were admitted to the home had improved to ensure the service could meet their needs. This showed management had taken action when it had been identified improvements were needed. However we found there were gaps of information in some care plans and some confusion in the medicine administration records. This meant potential mistakes were not always identified in a timely way. Records of complaints were not kept in line with the services complaints policy which made it more difficult to spot any potential trends.

This was a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which now corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were positive about the service and the registered manager. They said they could take any concern to the registered manager and were confident this would be dealt with. One staff member said "I have never been concerned about people here, I really enjoy working here and it's a good crowd. I have a lot of respect for the nurses and if we have needed anything then the manager has always been there caring for staff and residents". Another said "Yes I feel included, the manager always defers to us for example they say 'you will know more about this person' and they ask our opinion and listen to what we say".

Relatives and other involved professionals agreed the registered manager was approachable. There had been some previous concerns which had been addressed through the complaints procedure, and where appropriate the safeguarding procedure.

Asked about the vision and values of the home a staff member said "to make it like their home, knock on the door say hello ask how people are and if they ask for something personalised like hanging a picture get it done. If they want to do something like they did at home then let them do it. We introduce people to each other so they can make a friend". This was in line with the personalised care described in the service user guide aims and objectives.

There were meetings for relatives. The most recent having been held in November 2014. This showed they had been fully consulted about changes at the service for example the building works Relatives were also asked to complete questionnaires about the quality of the service. Eight who had completed these surveys were generally positive about people's life at St Johns. They liked that staff were friendly and approachable and that the registered manager was clearly present. All said they would recommend St John's. People were most concerned about general cleanliness and appearance of the home, hairdressing and frequency of activities. Changes had been made in response to peoples comments such as a new hairdresser had been employed. Previous relative comments had resulted in a surround loop being installed in the lounge to assist people who had difficulties in hearing the television.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines People who use services and others were not protected against unsafe use and management of medicines by means of making appropriate arrangements to dispense and dispose of medicines safely.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People who use services and others were not protected against unsafe use and management of medicines by means of making appropriate arrangements to dispense and dispose of medicines safely. Regulation 12 (f) & (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision The registered provider must protect service users by identifying, assessing and managing risks relating to health, welfare and safety of service users. Regulation 10.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered provider must protect service users by identifying, assessing and managing risks relating to health, welfare and safety of service users. Regulation 17.