The Society of All Saints Sisters of the Poor

St John's Home

Inspection report

St Marys Road
Oxford
Oxfordshire
OX4 1QE

Tel: 01865247725
Website: www.stjohnshome.org.uk

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Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 11 July 2016. It was an unannounced inspection.

St Johns Care Home is registered to provide accommodation for up to 38 older people who require personal care. At the time of the inspection there were 32 people living at the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were not always protected from risks associated with their care and the environment. In that areas of the home that should have been secured were left unsecured and unattended and people's thickeners were not stored safely.

People received their medicines as prescribed. Staff administering medicines checked each person's identity and explained what was happening before giving people their medicine. However medicine records and records relating to people's care were not always completed accurately.

People and staff told us there were not sufficient staff deployed in the home. However during our inspection we could find no evidence to suggest that people's care needs were not being met as a result of insufficient staffing.

The service had robust recruitment procedures and conducted background checks to ensure staff were suitable for their role. There was a whistleblowing policy in place that was available to staff around the home. Staff knew how to raise concerns.

People told us they were safe. People were supported by staff who could explain what constitutes abuse and what to do in the event of suspecting abuse. Staff had completed safeguarding training and understood their responsibilities.

People's care plans contained risk assessments which included risks associated with moving and handling, falls prevention and pressure damage. Where risks were identified plans were in place to identify how risks would be managed. Regular audits were conducted to monitor the quality of service.

Staff understood the Mental Capacity Act (MCA) and applied its principles in their work. The MCA protects the rights of people who may not be able to make particular decisions themselves.

People were supported to maintain good health. People had sufficient to eat and drink and were complimentary about the meals in the service. The service had an activities coordinator and people were

offered a wide range of meaningful activities.

The service sought people's views and opinions and acted upon them. People told us they were confident they would be listened to and action would be taken if they raised a concern. We saw complaints were dealt with in a compassionate and timely fashion.

Staff spoke positively about the support they received from the registered manager. Staff had access to effective supervision. Staff and the registered manager shared the visions and values of the service and these were embedded within service delivery.

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 always safe.

People were not always protected from risks associated with their care and the environment.

People received their medicines as prescribed. However, medicine records were not always completed accurately.

People told us they felt safe. Staff understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse.

Is the service effective?

Good

The service was effective.

Staff had the training, skills and support to care for people.

People had sufficient to eat and drink and were supported to maintain good health.

The service worked with other health professionals to ensure people's physical health needs were met.

Is the service caring?

Good

The service was caring. Staff were kind and respectful and treated people with dignity and respect.

People benefited from caring relationships.

The staff were friendly, polite and compassionate when providing support to people.

Is the service responsive?

Good

The service was responsive. People's needs were assessed to ensure they received personalised care.

Staff understood people's needs and preferences. Staff were knowledgeable about the support people needed.

There was a range of activities for people to engage with.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Records relating to peoples care were not always accurate and up to date.

Regular audits were conducted to monitor the quality of service.

There was a whistleblowing policy in place that was available to staff around the home. Staff knew how to raise concerns.

St John's 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.

This inspection took place on the 11 July 2016 and was unannounced. The inspection team consisted of one inspector and a specialist advisor whose specialism was adult care.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR, previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about in law.

We spoke with ten people, three relatives, six care staff, the administrator, the chef, the registered manager and one healthcare professional. We reviewed ten people's care files, six staff records and records relating to the management of the service.

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.

Requires Improvement

Is the service safe?

Our findings

People were not always protected from the risk of choking. One person was prescribed thickener for their drinks. The thickener was not always stored safely. During the inspection we saw the thickener left in the person's room. We spoke to two senior carers about this and they were aware of the national safety patient alert surrounding the safe storage of thickeners. Patient safety alerts are a crucial part of the NHS to rapidly alert the healthcare system to risks and provide guidance on preventing potential incidents that may lead to harm or death. One senior carer told us "This should not have happened, we have told staff about this". The senior carers took immediate action to ensure that the thickener was stored safely.

During our inspection we observed that a Kitchen door was held open by a fire door guard. and the kitchen was unattended by staff. This put people at risk of being able to access an area of the home that was a potential risk to them. There were kitchen knives left unsecured in a sink and a gas hob was left on. When we raised this with the registered manager they took immediate action to ensure that the area was secured.

People received their medicines as prescribed. Staff administering medicines checked each person's identity and explained what was happening before giving people their medicine. This ensured people received the right medicine at the right time. However we noted that one person was receiving a Temazepam. Temazepam is a controlled drug and should have been entered into the homes 'controlled drugs book'.

We noted that on one occasion this had not been recorded in the book. We checked this persons individual medicine administration record (MAR Chart) and the balance of the Temazepam and it was evident that this person had received their medication. We acknowledged that the medication audit for the home had not been carried out yet by the registered manager for the month of July. Therefore this would not yet of been identified by the registered manager. We spoke with the registered manager about this who told us this would be addressed with staff.
Medicines administered 'as and when required' included protocols providing guidance for staff about when the medication should be used. Staff had an understanding of the protocols and how to use them.

Medicines were stored securely in a locked cabinet and in line with manufacturer's guidelines. We also noted that some medicines that are not subject to safe custody requirements were nevertheless stored as controlled drugs. This was good practice that enhanced safety.

Records confirmed and staff told us that staff who were responsible for the administration of medicines had there competency checked yearly. One member of staff we spoke with told us, "We have our competency checked every year".
Some people told us there were not sufficient staff deployed in the home. People's comments included; "They need more staff", "Sometimes it takes a while for them to come, but they come eventually", "I always think they haven't got enough staff. They could do with employing more people. (The staff) go off at different times. Sometimes in the evening it's difficult to get somebody" and "The only thing is staffing".
Staff told us there were sometimes insufficient staff to support people. Comments included; "Sometimes we

can be short staffed", "There's not enough staff, people have to wait especially between 3pm – 5pm" and "We could do with another staff member".
In spite of some people's comments we could find no evidence to suggest that people's care needs were not being met as a result of insufficient staffing. We spoke with the registered manager about the comments made by people and staff and they were able to provide sufficient evidence that the correct ratio of staff were in post to ensure that people's care needs were being met. The registered manager also told us that the service was in the process of recruiting another member of staff to a vacant post. The home were also in the process of introducing a new 'dependency tool'. Staff rota's confirmed planned staffing levels were consistently maintained.

People told us they felt safe. Comments included; "I am absolutely safe here", "They treat you like a human being", "I never think of not being safe", "They look after me", "I have never had any problems here" and "I am safe here". Relatives told us people were safe. One relative we spoke with told us "There seems to be an emphasis on keeping people safe".

People were supported by staff who could explain how they would recognise and report abuse. They told us they would report concerns immediately. Comments included "I would go straight to [registered manager]", "I would report directly to the seniors, if nothing was done then I would go to (registered manager)" and "I would record everything and inform my manager". Staff were also aware they could report externally if needed. Comments included; "I would report it to The CQC (Care Quality Commission)", "I would report it to safeguarding", "I would go to the head of the convent", "If I wasn't taken seriously then I would come to you (The CQC)" and "I would report it to social services".

People's care plans contained risk assessments which included risks associated with moving and handling, falls prevention and pressure damage. Where risks were identified plans were in place to identify how risks would be managed. For example, people who were at high risk of malnutrition had accurate and up to date Malnutrition Universal Screening Tools (MUST) in place and were supported by staff who were aware of these risks and what action to take as a result. The service had also sought advice and guidance from healthcare professionals. We saw evidence that people's weights were monitored and staff followed the guidance provided.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and Disclosure and Barring Service checks. These checks identify if prospective staff were of good character and were suitable for their role.

Good

Is the service effective?

Our findings

People we spoke with told us staff were knowledgeable about their needs and supported them in line with their support plans. Comments included: "There is only one word (that describes staff) and that is dedicated", "The staff know me well, they are great" and "The staff are very good".

Relative's told us staff were knowledgeable. One relative we spoke with told us "The staff don't just care, they are genuinely interested in people".

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff told us they had received an induction and completed training when they started working at the service. Induction training included fire safety, moving and handling, nutrition and infection control. One member of staff said, "We had a two week induction and the training was very good". Another staff member told us, "During my induction they checked to make sure I was confident in what I was doing".

Staff had access to regular training that included safeguarding adults, dementia awareness, MCA and medication. Staff comments included; "We get a lot of training", "We get regular training", "The training is very good" and "We get lots of training, we have safeguarding and nutrition. There's a lot of it".

Staff told us and records confirmed that staff had access to further training and development opportunities. For example staff had access to national certificates in care. One member of staff we spoke with told us, "I did my NVQ when I started". Another staff member told us, "I'm the type of person who likes to go forward. I would like to progress".

Staff told us, and records confirmed they had effective support. Staff received regular supervision (one to one meetings with their manager). Staff we spoke with told they felt supported by the registered manager. Comments included; "We get supervision, it's alright", "I feel listened to" and "We get regular supervision".

We discussed the MCA with the registered manager who was knowledgeable regarding the act. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People were supported by staff who had been trained in the MCA and applied it's principles in their work. All staff we spoke with had a good understanding of the Act. Comments included: "It's there to protect people", "We assume that everyone has capacity until a time proven otherwise", "We would do a best interest meeting, we gather information and act in a person's best interest" and "We need to ensure that people have access to advocates if they need them".

We found the home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). DoLS provide legal protection for people who lack capacity and are deprived of their liberty in their own best

interests. At the time of our inspection the service had made DoLS applications for eight people and was awaiting authorisation from the appropriate authorising body.

People had sufficient to eat and drink. Where people needed assistance with eating and drinking they were supported appropriately. People were offered a choice of three options at each meal time. People we spoke with told us that if they did not like the choices available an alternative would be provided. One person we spoke with told us, "I only have to ask".

People told us they enjoyed the food provided by the home. Comments included "The foods marvellous", "The foods great, we have some lovely puddings" and "The foods is good"

Where people required special diets, these were provided by kitchen staff who clearly understood the dietary needs of the people they were catering for. For example, pureed or fortified meals. One person we spoke with told us, "I am a vegetarian and they respect this. They do some lovely meals for me". Another person with special dietary needs told us, "He's [chef]? very good. He asks what I would like and makes suggestions about what I can have".

Menus were displayed around the dining room and staff assisted people with their choices. During our observation of the lunch time meal we noted that people were offered a choice of drinks throughout. One person we spoke with told us, "We get plenty to drink here".

People had regular access to healthcare professionals such as, district nurses, G.P's and chiropodists. Where healthcare professionals provided advice about people's care this was incorporated into people's care plans and risk assessments. For example, where people had been identified as having swallowing difficulties referrals had been made to Speech and Language Therapy (SALT). Care plans contained details of recommendations made by SALT and we saw staff were following the recommendations.

One healthcare professional we contacted following the inspection told us, "There's no problem, with acting on our recommendations. They are good like that". A staff member we spoke with told us, "The relationship with the G.Ps is brilliant".

Good

Is the service caring?

Our findings

People were complimentary about the staff and told us staff were caring. People's comments included; "They are very kind and caring", "They are very good and caring", "The staff are helpful", "You couldn't complain about this place. It couldn't be improved upon. They do everything", "Staff are all very nice here. I'm very happy here" and "The staff are good".

Relatives we spoke with told us staff were caring. Comments included; "The staff are very kind and caring", "They're the most caring carers I've ever met" and "You couldn't fault this place". One health care professional we contacted told us "I never worry about the residents being cared for".

People had their own bedrooms which enabled them to maintain their privacy. Staff we spoke with told us people were encouraged to personalise their rooms. One staff member told us, "It can't be an institution here, this needs to be the next best thing to home". Rooms we observed had been personalised and made to look homely. We spoke with the registered manager about this and they said, "This is their home and it must feel like that". One relative we spoke with told us, "We were encouraged to bring mums stuff in when she moved in".

People's privacy and dignity were respected and promoted. For example, we saw staff call out to people if their room doors were open before they walked in, or knocked on doors that were closed. When they provided personal care, people's doors and curtains were closed. We spoke with this member of staff and they said "This is their home, we need to remember that when you knock on that door, you are knocking on the persons front door".

Staff took time to ensure people understood what was going to happen and explained what they were doing whenever they supported people. For example one person who required support with a walking aid was supported appropriately by staff who took the time to explain how they would be supported. People told us they were treated with dignity and respect. Comments included "They always treat me with dignity and respect", "They are good at dignity and respect" and "You must promote dignity and respect, if someone wants 5 minutes alone in the bath, then you carry out a risk assessment and support the person with that choice".

The service had a dignity champion in post. A dignity champion is someone who believes passionately that being treated with dignity is a basic human right, not an optional extra and becomes a point of reference for other staff on the subject. This staff member was given additional training to ensure that key practices and messages surrounding dignity and respect were passed on to the rest of the team.

Throughout our visit we saw people were treated in a caring and kind way. The staff were friendly, polite and respectful when providing support to people. Staff took time to speak with people and reassure them, always making sure people were comfortable and had everything they needed before moving away.

For example, we observed how one member of staff had noticed that a person had become uncomfortable

after their position had changed whilst they were sitting having lunch. The staff member knelt down to the person's eye level and asked the person if they would like support to be in a more comfortable position. Throughout the interaction the staff member informed the person of what they were doing. The staff member then checked to make sure the person was comfortable and had everything they needed before moving away.

We also observed how one person had requested more sugar in their hot drink during the mid-day meal. The staff member stopped what they were doing and went and got some more sugar for the person. The staff member then checked to make sure that the person had everything they needed before carrying with their task.

We saw how staff spoke to people with respect using the person's preferred name. When staff spoke about people to us or amongst themselves they were respectful. People's friends and relatives could visit whenever they wanted to. People were able to meet their relatives in the communal areas or in the privacy of their rooms. A relative told us, "You can come and go as you please".

Throughout our inspection we observed that interactions were kind and caring. People were treated as individuals and supported with their independence. For example, we observed staff supporting people to get ready to go out for the day. Staff we spoke with understood the importance of promoting people to be independent. Comments included; "You need to continuously assess how best to support and maintain independence" and "We try to encourage people to be independent were ever we can".

Good

Is the service responsive?

Our findings

People we spoke with told us that the service was responsive to their needs. One person we spoke with told us, "They are very good at their jobs, they always get the doctor out if I need them". Another person told us, "The staff are good, if I need the G.P they sort it out straight away".

Relatives told us the service was responsive. One relative we spoke with told us "They respond to mums needs". One healthcare professional we contacted following the inspection told us "They have worked brilliantly with us. We have worked as a team".

During our inspection we noted that one person, whose first language was not English was supported by staff that had learnt key phrases from the person's family in order to ensure the person was being supported effectively. Throughout our inspection we observed staff communicating effectively with this person. This demonstrated that the service was responsive to people's individual needs.

Staff were responsive to people's changing needs. During our inspection a morning staff meeting took place and it was evident that people's changing needs were being discussed.
For example, staff had a discussion surrounding a person's change in medical needs and the need to arrange a referral to healthcare professionals. Following the meeting we observed a senior member of staff contact a healthcare professional about this persons needs and arrange a medical appointment.

There was evidence that people had been involved in their assessment. Care plans contained documents which detailed the people's history, likes, dislikes and preferences how they liked to spend their time and things that were important to them. For example, one person's care records included their preferences surrounding personal care and how they liked their hot and cold drinks. Another person's care records highlighted the importance of specific sleeping arrangements. This included guidance for staff to ensure the person's preferences were respected.

We spoke with this person who told us that staff followed this guidance. One member of staff we spoke with told us "Everyone here is an individual, you need to know the people, their families and what they enjoy". During our inspection we saw that care plans were reviewed regularly.

People received personalised care and staff we spoke with were knowledgeable about the people they supported. For example, we spoke with one member of staff who was able to tell us a person's life history and provide details about the person's previous career in the military, significant others within the person's life and their individual preferences surrounding their care needs. The information shared with us by the staff member matched the information in the person's care records.

Care records included a 'spiritual care plan'. These records highlighted people's faiths and religious practices. People we spoke with told us that they were supported to follow their faith in the way that they like to. Staff we spoke with were aware of spiritual needs and confirmed that guidance within care records was followed.

The service had an activities coordinator and people were offered a range of activities that included trips to a local farm, singing for pleasure group, nature walks and classical music afternoons. People we spoke with told us they enjoyed the activities. One person we spoke with told us, "I love the activities they can't get rid of me". On the day of our inspection an activity had been planned to visit a local museum. We spoke with one person on their return from the visit and they told us, "It was lovely, we had lunch, and it was a nice old trip out". We noted that the home was planning a summer fete planned for people.

We also saw evidence of how people who did not want to participate in activity's had their preferences and wishes respected. For example, two people we spoke with told us, "I am not that interested, but they always notice when I am not there" and "At least they are there if you want to do them". We spoke with the activities coordinator and they told us, "We try and encourage people were ever we can" and "We do people's hands and nails in their rooms if they wish".

People's opinions were sought and acted upon. Regular 'residents meetings' were held and gave people and their relatives the opportunity to raise issues and concerns. For example, during one meeting with relatives concerns had been raised surrounding the laundry system, in that some people's laundry items were being misplaced. As a result the service revisited its laundry practices and as a result things had improved. One person we spoke with told us, "We have a meeting once a fortnight, you can always discuss any concerns and they act on it".

People knew how to make a complaint and leaflets asking for feedback about the quality of the service were available in the communal areas of the service. One person we spoke with told us, "I haven't made a complaint, but I am sure they would listen to any complaint".

There had been seven complaints since our last inspection and these had been logged and responded to in line with the organisations policy. One relative we spoke with told us, "I feel I would be listened to if I did make a complaint".

Requires Improvement

Is the service well-led?

Our findings

We saw evidence that people's care records that had been completed by the registered manager were not always accurate or complete.

We looked at three people's 'assessment of Mental Capacity'. These assessments were used to capture important information surrounding specific decisions were the person may be lacking in capacity. This information should have been captured and recorded within the 'Details of treatment decision or other specific issues in relation to which capacity is being assessed' section of the assessment. We also noted information had not been recorded in sections of the records that included the person's understanding of information surrounding areas were they may be lacking capacity. We spoke with staff and we were confident that the principles of the MCA were being adhered to and that this was a concern relating to the completion of care records.

Another person's care records we reviewed contained a fluid chart. Fluid charts are used to monitor people's fluid intake in order to mitigate the risk of dehydration. We noted that the fluid chart did not include a daily target amount for the person. It showed that a person had 1250mls recorded on 9 July 2016. However, only 610mls on 10 July 2016. We also noted that on the 10 July 2016 no intake had been recorded between 12pm to 11pm. We spoke with people and observed that they had sufficient fluids available and that this was a concern relating to the completion of fluid charts. We noted that these recording issues had taken place since the last audit and therefore the service had not had time to identify these. However, this approach to record keeping puts people at risk of not having their fluid needs met. We brought this to the attention of the registered manager who gave assurances that this would be addressed with staff.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff spoke positively about the registered manager. Comments included; "[Registered manager] is good", "[Registered manager] is nice", "She works hard and try's her best" and "She is approachable". Relatives were also complimentary about the registered manager. One relative we spoke with told us, "[Registered manager] is approachable and nice, she gets involved".

The registered manager told us that the visions and values of the home were, "For the home to feel like a home and not an institution" and "That we have skilled workers that are knowledgeable and care". Throughout our visit we observed staff displaying these values. The registered manager was available and approachable. People knew who the registered manager was and we saw people and staff approach and talk with them in an open and trusting manner.

Staff understood the whistleblowing policy and procedures. Staff told us they felt confident speaking with management about poor practice. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. One member of staff we spoke with told us, "I would have no concerns using the whistleblowing process".

Accidents and incidents were recorded and investigated. The registered manager used information from the investigations to improve the service. For example, following an incident where a person had fallen. The incident was investigated and the person's care plan reviewed to ensure they were safe. As part of this person's care plan review the registered manager had ensured that increased checks and observations were put in place for this person.

Regular audits were conducted to monitor the quality of service. These were carried out by the registered manager and the provider. Audits covered all aspects of care including, medication, care records and infection control.

The service was continually looking to improve. For example, the service had introduced a system whereby both people and relatives being involved in the services recruitment process to ensure that those people who used the service had input into the right candidates being selected.

The service worked in partnership with visiting agencies and had links with G.P's, occupational therapists, district nurses and the care home support service. One healthcare professional we contacted told us "The registered manager is open with us, and she rings me if she has any concerns".

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service did not maintain accurate and contemporaneous records in respect of service users. 17 (2) (c)