

St Johns Nursing Home Limited

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Inspection report

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Date of inspection visit:
25 November 2020

Date of publication:
09 December 2020

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

St John's Nursing Home limited is a residential care home providing personal and nursing care to 33 people at the time of the inspection. St John's Nursing Home is one adapted building arranged over three floors. At the time of our inspection the top floor was empty and not in use. People living at the home experience a range of mental health needs and many are living with dementia. The service can support up to 58 people.

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

People were not supported in a way that was consistently safe. The condition of the home meant staff could not keep people safe from the risks of infection and staff had deeply embedded misconceptions about infection prevention and control measures. Risks faced by people living in the home had not been effectively mitigated and not all staff knew how to access risk assessments. The systems in place to manage medicines left people at risk of not receiving their medicines as they needed. People were at risk of having their rights infringed as the Mental Capacity Act (MCA) was not always followed.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

The leadership and governance of the home had failed to operate effectively to maintain the quality and safety of the service. Quality audits and reviews had not taken place regularly. A newly appointed nominated individual and recent external audit had identified there were wide ranging issues with the governance arrangements within the home.

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

Rating at last inspection and update

The last rating for this service was good published July 2019. The service had now deteriorated to being requires improvement.

Why we inspected

We undertook this targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about infection prevention and control. A decision was made for us to inspect and examine those risks.

We inspected and found there was a concern with premises and risk management so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

We have found evidence that the provider needs to make improvements.

Enforcement

We have identified breaches in relation to safe care and treatment, safeguarding service users from abuse and improper treatment, staffing and good governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit to ensure improvements are made. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in the well led section below.

Requires Improvement ●

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Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak.

Inspection team

The inspection was carried out by one inspection manager.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager resigned from their post and submitted the applications to cancel their registration after the site visit had been completed.

Notice of inspection

The Inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we received from the local authority and local CCG as well as other information contained within our systems.

During the inspection

During the inspection we spoke with the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with three people who lived in the home. We spoke with three care assistants, four nurses and the administrator. We reviewed three people's care files and four people's medicines records. We reviewed five staff files. We also reviewed various documents and records relevant to the management of the service.

After the inspection

We continued to seek clarifications and updates from the nominated individual who sent us further documents including copies of audits, training records, maintenance records and action plans. We reviewed and considered the documents that were submitted to us.



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 good. At this inspection this key question has now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- Some areas of the home were in a poor state of repair which compromised the cleanliness and infection prevention and control measures. Staff held deeply embedded beliefs about infection prevention and control measures which were not in line with the current government guidance. This placed people at risk of harm.
- Domestic staff completed regular cleaning with appropriate products. However, their efforts were compromised by the poor state of repair of the home which meant some touch points were impossible to clean effectively. After the inspection the provider sent us evidence that repairs had been made and furniture ordered to address the riskiest areas of concern.
- Staff wore the PPE required to minimise the risk of infection and cross contamination. However, all the care workers we spoke with told us they did not believe they would be safe supporting people with Covid-19 unless they had additional PPE above and beyond the current guidance. Staff had received both in house and external training and the information about PPE requirements had been repeated in staff meetings but this belief persisted.

We found no evidence that people had been harmed however, we were not assured that infection prevention and control was effectively implemented. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us staff wore PPE when providing care to them. They also told us their rooms were cleaned daily.
- After the inspection the provider sent us evidence that the most serious of our concerns about infection prevention and control had been addressed.

Assessing risk, safety monitoring and management

- People's risks had not been appropriately assessed and there were not clear measures in place to mitigate the risks people faced in their daily lives.
- Records showed people behaved in ways which could put themselves or others at risk of harm. Risk assessments described people's behaviours but did not tell staff what they could do to prevent behaviours, or how to respond when people behaved in ways that were risky.
- Staff were not confident about where they could find risk assessments to check on how they should

support people. Staff told us they could not access the risk assessments via the electronic system and they were kept in folders in the manager's office. This was not the case; risk assessments were part of the electronic system.

- Care plans and risk assessments were reviewed each month. However, they were not updated in response to people's changing circumstances.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate that risks were effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- People received medicines from staff who had received training in how to administer them. However, the systems in place to manage medicines were not robust and meant there were risks people did not receive their medicines as needed.
- People had been prescribed medicines on an 'as needed' basis. Staff did not always have written guidance to support them in deciding when to offer and administer these medicines. While some staff were confident in describing when they offered and administered these medicines, other staff were not able to explain when medicines were required.
- People did not have medicines care plans that reflected best practice guidance. The provider relied on the knowledge of individual staff to know the reasons for medicines being prescribed and any associated risks or side effects of the medicines.
- Medicines Administration Records (MAR) contained conflicting information about what medicines people had been prescribed. It was not clear which medicines had been discontinued and which were ongoing.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate that medicines were managed safely. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People's rights were not upheld, and they were not always safeguarded from the risk of abuse. This was because the provider's systems were not being used effectively.
- Staff recorded incidents but there was no record to show any actions were taken in response to incidents or that referrals to safeguarding authorities were made when required. For example, we saw people had hit each other but no referral to safeguarding had been made and no actions were recorded to review or update care plans and risk assessments.
- The nominated individual had also found that incident records and safeguarding reports had not been properly maintained. They said they could not be assured the provider's policy on safeguarding adults and managing incidents was being followed.
- The registered manager had sought consent from family members who did not have legal authority to give consent. They had also sought consent from a GP which is not in line with the principles of the Mental Capacity Act (MCA) 2005. People's rights had not been upheld as they had received treatment and interventions they had not consented to. Two people had do not attempt cardiopulmonary resuscitation (DNACPR) instructions despite it not being clearly recorded they had been involved in the decision or that best interests decision making processes had been followed.

We found no evidence that people had been harmed however, systems were not robust enough to

demonstrate safeguarding was effectively managed. This placed people at risk of harm. This is a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Recruitment processes were not robust and did not provide assurances that staff were suitable to work in a care setting. There were enough staff on duty to meet people's needs.
- Recruitment records did not demonstrate best practice in recruitment had been followed. Staff employment histories had not been fully completed and references were not consistently sought from recent employers.
- New staff were meant to complete an induction into the service. However, there were no records to confirm that staff had completed this.

We found no evidence that people had been harmed however, staff had not been safely recruited and had not received the training they needed to perform their roles. This placed people at risk of harm. This is a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider's audits had recently identified these issues and there was an action plan in place to address them.
- People told us there were enough staff. One person said, "There are plenty [of care staff]. They come when I need them." The provider had recently introduced a dependency tool to ensure staffing numbers were based on the needs of people living in the home.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager and provider's systems had not operated effectively to identify and address issues with the quality and safety of the service. Risks were not consistently mitigated.
- The registered manager lacked knowledge in areas required to perform their role. For example, they did not understand the application of the MCA. They had not followed the provider's procedures for incident and safeguarding monitoring and recording.
- The nominated individual had recently joined the organisation. They had commissioned external audits, and completed their own quality review. These had identified failings in the quality assurance processes as they had been operating. They had found the issues with the quality of care plans and risk assessments that were identified by the inspection, as well as the other issues including the fabric of the building.

We found no evidence that people had been harmed however, we were not assured that the quality and safety of the service were being effectively evaluated and improved. This placed people at risk of harm. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager resigned and submitted applications to cancel their registration shortly after the inspection took place. The provider submitted evidence to show alternative management arrangements were in place.

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

- The culture at the home needed to develop to become more person centred. Staff focussed on people's clinical needs and care plans did not contain person centred information.
- People told us staff were kind and we saw warm interactions between people and staff which demonstrated staff did know people well.
- However, care plans did not contain any details of people's preferences and it was not clear that friends and family who may have been able to provide details of people's preferences had been asked for their views. For example, one person had lived in the home for six months and no preferences had been recorded and their family had not been asked to give their views.
- Care plans included details of the desired outcomes or goals of support. However, as there were limited

details on how to achieve these goals and reviews did not record progress it was not clear that the care provided was helping people achieve good outcomes.

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

- The provider understood their responsibilities under the duty of candour.
- The provider was open and transparent with us regarding the issues and concerns identified during the inspection.

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

- Engagement activities for people and relatives had not been sustained but staff had regular meetings.
- We reviewed meeting minutes that showed regular meetings of the various staff teams took place. These ensured information about the service was shared across different teams working in the home.
- The nominated individual told us and their audits confirmed that engagement opportunities for people and their relatives had not taken place.

Continuous learning and improving care

- The nominated individual had identified the home had not been taking opportunities to ensure continuous learning and improvement.
- A recent audit had identified that the registered manager and previous area manager had not used the providers auditing systems for reviewing incidents and complaints. The opportunities to learn from these events had not been taken.
- Following our inspection the provider submitted plans to improve the quality and safety of the service.

Working in partnership with others

- Staff worked with external healthcare professionals and the local authority to improve care for people.
- We received positive feedback from the local authority that the provider was cooperative and worked well with them.
- Although the local healthcare team had identified some concerns about IPC practice within the home the provider had responded positively to their feedback and was working to improve things in the home.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Risks faced by service users were not appropriately identified or mitigated.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
Treatment of disease, disorder or injury	People were not consistently protected from abuse or infringements of their rights as systems were not operating effectively.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems and processes had not operated effectively to evaluate and improve the quality and safety of the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	Staff had not been recruited in a safe way and had not received the training they needed to perform their roles.