

Amica Care Trust

# St John's Court

## Inspection report

St Johns Street  
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### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

St Johns Court provides accommodation and nursing care for up to 42 people. At the time of our inspection there were 39 people living at the home some of whom were living with dementia.

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

The management and staff team continue to provide an outstanding service whereby people were very much at the centre of their care. There was a very positive atmosphere where people's differences were celebrated. People and their relatives were supported by all staff and the management team to be truly involved in their care. Staff continued to be compassionate and highly motivated in ensuring people were treated as individuals and had the best life they possibly could.

The provider's values were very much part of everyday life at the home. They were created with people's uniqueness in mind and shared by people who lived at the home, all staff and the management team. These were based around people being supported to live the lives they chose. Myths were dispelled and there was a sense of positive risk taking as people enjoyed different experiences despite their physical and health needs.

Staff's 'can do' attitude had not dwindled following the last inspection, instead staff continued to bring alive creative initiatives which enhanced people's quality of life. Promoting people's independence was 'the norm' and very much linked to staff support in encouraging people to be proud of their achievements, however small these were.

People were supported to retain an active presence in the local community and to maintain their personal interests and hobbies. The rich programme of things for people to do for fun and interest, continued to be further developed with new ideas, bringing therapeutic benefit to meet people's needs. People's own life experiences and talents continued to be celebrated by staff's extensive support. Since the last inspection new ideas enabling people to recall life events and hopes were brought alive in a magazine created by people who were proud to share and had fun in doing so.

The management and staff team continued to have a passion to share their knowledge in different subject areas with people and their families as a way of empowering people. Developments had continued with staff creating and providing accessible booklets in different subject areas which people found helpful.

The registered manager was an excellent role model and together with their staff team they had a passion to learn about and aim for best practice with people very much at the heart of all their care. There was an honest and open approach to where further improvements were needed.

People who lived at the home and all staff were actively encouraged to contribute to the evaluation of the care provided and recommendations of where they could aim higher to drive through improvements.

Regular quality audits and checks were completed so improvements were continually recognised. An extremely strong influence on ensuring people continually received high-quality care were the reflective practice opportunities provided to staff. These were very effective in following through actions and putting learning into practice.

People were protected from the risks of abuse because staff were trained in recognising and reporting any concerns of potential abuse. The provider had effective recruitment arrangements to ensure staff were suitable for their role before they commenced working at the home. The registered manager made sure there were enough suitably skilled, qualified and experienced staff to support people safely.

Risks to people's individual health and wellbeing were assessed and their care was planned to reduce the risks. Medicines were stored, administered and disposed of safely. Staff followed the providers policies in reducing the risk of cross infections and regular checks were undertaken to make sure people lived in a clean environment which had been adapted to meet people's needs.

People's needs were assessed so these could be met effectively. Staff were trained in subjects aligned to the individual needs of people they provided care and support to. People were supported to eat and drink enough to maintain a balanced diet which met their needs and preferences.

People were supported to maintain their health and prompt action was taken to refer people to healthcare professionals when they became unwell or their health needs changed. 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.

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 outstanding (published 15 October 2016). Since this rating was awarded the provider has altered its legal entity. At the last inspection the providers legal entity was Somerset Redstone Trust. At this inspection the legal entity is Amica Care Trust. We have used the previous rating of outstanding to inform our planning and decisions about the rating at this inspection.

#### 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?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

### Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

# St John's Court

## 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

The inspection was carried out by two inspectors over a two-day period on 08 and 12 August 2019. On 08 August an Expert by Experience joined the two inspectors. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Two inspectors returned on 12 August 2019 to complete the inspection.

#### Service and service type

St John's Court 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 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.

#### Notice of inspection

The first day of the inspection visit was unannounced. We informed the registered manager in advance of when we would be returning for a second day to complete the inspection visit.

#### 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 looked at the information we had received about the service since the last inspection. We sought

feedback from the local authority, the clinical commissioning group and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

#### During the inspection

We spoke with 11 people and 12 relatives about their experience of the care provided and saw how staff supported people. We talked with the registered manager, deputy manager and operations manager. In addition, we spoke with a cook, head housekeeper, activities coordinator, one nurse and six care staff members including a health care assistant.

We looked at a range of records. These included four people's care records, multiple medicine records, staff training and induction, together with three staff recruitment records. We also looked at incident and accident records, complaints and compliments, and records relating to the safety of the premises and management of the service.

#### After the inspection

We continued to seek clarification from the registered manager to validate the evidence found. We looked at a range of documents sent to us by the registered manager. These included audits, service improvement plan, staff recognition thank you cards and awards the registered manager was nominated for.

# 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 remained the same. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- People told us they felt safe living at the home. This was because they received safe care and could talk to staff if they needed to. One person told us, "I am safe because I am looked after, and the staff show me respect and politeness." A relative said, I do feel [family member] is safe it's the general caring attitude and the support I get too. I would recommend it here [the home] to anyone."
- Risks to people had been identified and care was planned to keep people safe. For example, it had been identified there was a high percentage of people with dysphagia [difficulty or discomfort in swallowing] and at risk of choking. To mitigate risks to people action had been taken to implement a life-vac [non-invasive portable suction device to clear an upper airway obstruction] which is a Food and Drug Administration [FDA] approved anti-choking device to support people's needs.
- The management and staff team supported people to take positive risks which enabled people to continue with their lives as they wished with safety measures discussed and implemented. For example, individual care records detailed what support people needed so they were able to access different external events and settings as independently as possible.
- Staff had received training in health and safety issues and how to respond such as, if there was a fire at the home. There were personal evacuation plans in place detailing how each person would need to be supported in the event of an emergency.

### Systems and processes to safeguard people from the risk of abuse

- People who lived at the home and visitors were provided with accessible information displayed in the home environment. This information held amongst other things, details of where to report abuse to help ensure people understood how to raise concerns.
- Staff had been trained in recognising signs and symptoms of potential abuse and shared an understanding of who they should report concerns to.
- The registered manager understood their responsibility to report allegations of abuse to the local authority and to the Care Quality Commission.

### Staffing and recruitment

- People confirmed, and we saw there were enough staff available to meet people's individual needs. One person told us, "Having people around makes me feel safe they [staff] come quickly if I ring the bell."
- Staff also told us people's needs were met safely and without unreasonable delays. On this subject one staff member said, "We [staff] can spend an hour helping someone to eat a meal and don't have to worry that we are running out of time, so long as the residents [people who lived at the home] are happy. If we [staff] aren't rushed, then the residents can be more comfortable, and they aren't made to feel like a burden." We also saw examples whereby staff responded to and met people's requests in an unhurried way.

- The registered manager monitored and reviewed staffing arrangements by completing monthly dependency assessments. These supported the registered manager to increase the staffing levels and the deployment of staff when people's needs changed.
- The registered manager and deputy manager had worked hard to provide a supportive environment for staff. Because of this positive working environment, staff remained at the service for longer. From what we saw and discussions with staff the stability of the staff team benefitted people as staff knew them well and understood their needs. This is especially important for people living with dementia.
- There were systems in place to check staff employed at the home were safe to work with the people living there.

#### Using medicines safely

- People who lived at the home confirmed they were supported to take their medicines at regular times and with patience. One person told us how they valued the support provided by staff to take their medicines at the times they needed these to meet their health condition. A relative said, "The carers [staff] are knowledgeable about the tablets [family member] takes, there are no worries in this regard."
- The provider had systems and procedures in place designed to ensure medicines were stored, administered, ordered and disposed of correctly.
- We saw staff followed good practice guidelines when administering medicine. Staff told the person what they were taking and made sure the person had swallowed the medicine safely before leaving them.
- Staff accurately completed electronic medicine administration records (MARs) when they had given people their medicines.
- There were systems in place to support staff to administer 'as required' medicines in a safe consistent manner. For example, personalised information provided staff with guidance including, what the medicine was for.
- The registered manager made sure staff who administered medicines had been provided with the relevant training do so safely and their competencies were regularly checked.

#### Preventing and controlling infection

- People were complimentary about the cleanliness of the home environment. One person told us, "They [staff] do a good job in keeping everywhere nice and clean."
- Staff had completed infection control training and were provided with and made use of protective clothing, such as gloves and aprons, when required.
- The registered manager supported their staff team to continually improve their practices in the promotion of reducing the spread of infections. This included ongoing training in infection prevention and control and discussing this topic at different forums such as, staff meetings.

#### Learning lessons when things go wrong

- A system was in place to monitor any incidents or accidents which occurred. This enabled any patterns or trends to be identified so action could be taken to prevent recurrence.
- The registered manager acted to ensure staff were provided with educational information and practice prompts to reduce incidents. For instance, they had noticed in one month some people had urine infections and chest infections due to people's varying health needs declining. In response to this staff were provided with action points which promoted personalised care to support people's health needs in reducing the highlighted infections to continually drive through improved health outcomes.



# 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 has remained the same. 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

- People's care and support needs had been assessed and their needs identified prior to admission.
- People's needs were detailed in their care plans. This included support required in relation to their culture, religion, likes, dislikes and preferences.
- The staff team were supported by a range of health care professionals in the community. Care and support were provided in line with national guidance and best practice guidelines.

Staff support: induction, training, skills and experience

- People were confident staff had the skills to meet their needs. One person told us, "The carers [staff] really do know how to help me. They help me to move in a safe way and know what to do if something is not quite right." Another person said, "They [staff] are very good at times when you have a problem, they [staff] are very helpful or if you need a little advice about something."
- Staff new to the home, received an induction to ensure they had the skills required to care for people safely. This included time spent shadowing a more experienced staff member to provide both support and build confidence to provide care in an effective way.
- Staff members described how the training they received was based on the individual needs of people they cared for. For example, staff were knowledgeable about how to support people living with dementia, so their emotional health was met at times when people may become anxious.
- Staff told us they were encouraged and supported to develop themselves by becoming champions in different subject areas such as falls, end of life care, dignity and nutrition. One staff member was proud of their additional role and what they had achieved to support people living with dementia by assisting colleagues to increase their knowledge.
- Staff attended regular individual meetings with the management team and senior staff to receive feedback on their work and identify any additional support they may need. We consistently heard from staff how they worked as a team and could ask anyone for support. On this subject, one staff member told us, "Support comes from everybody, we can ask anyone and if we don't know, we know we can go to [registered manager] or [deputy manager] and get the answer we need."

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

- People told us they enjoyed their meals. One person told us, "I like the food here". Relatives also described the meals as good and well presented.
- The registered manager told us they had worked hard to make mealtimes a more pleasurable experience. This included introducing more varieties for people who followed a vegetarian diet.
- The management team, cooks, nurses and care staff worked together to assess, record and review

people's nutritional needs, and any associated risks, with appropriate specialist nutritional advice.

- Staff monitored the amount people drank to be sure they were drinking enough to stay healthy. This was reviewed daily and records showed when the amount a person drank fell below recommended levels staff were informed to monitor and encourage the person to drink more.

Staff working with other agencies to provide consistent, effective, timely care and; supporting people to live healthier lives, access healthcare services and support:

- People told us staff supported them to attend routine health appointments as well as, opticians and dental appointments, so they would remain well. One person told us, "If I feel unwell I can guarantee staff will make sure I see a doctor." A relative said, "I'm very confident in staff getting the medical treatment [family member] needs and they always let me know. This gives me peace of mind."
- People's individual physical and mental healthcare needs were documented within the care planning process. This helped staff to recognise any signs of deteriorating health. Records showed people had access to health professionals when required. A local GP also visited people on a regular basis to discuss and treat any healthcare conditions.

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

- The provider and their management team worked hard to make the premises homely whilst making any adaptations required to meet people's needs. We consistently heard from people how they felt there was a homely feel to the environment. One person told us, "I think its smashing how they [staff] keep it decorated, it is a never-ending job. It has a homely sort of feeling." A relative said, "It is very homely, and ongoing decoration is taking place."
- Bathrooms and other doors were clearly identifiable by room door colours and signage which was beneficial to assist people living with dementia find their way around.
- The registered manager was keen to continue to develop the home environment linking this to meeting people's enjoyment. They had a real drive despite the premises being a listed building in continuing to put forward plans and make changes recognising the benefits to people.

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

The Mental Capacity Act 2005 (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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff received training in, and understood, people's rights under the MCA including when they needed to act in people's best interests to ensure people safety and welfare were maintained.
- People consistently told us staff always asked their consent. Staff showed they had knowledge about people's different communication styles to aid their understanding.
- Where people required applications to be made under the Deprivation of Liberty Safeguards the management team had completed these.

# 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 Outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- People highly praised the management and staff team who without exception were caring and compassionate. One person told us, "I am very well looked after they [staff] put so much into it [the care provided] they [staff] are very good [at] explaining things it makes you feel better." A relative said, "Staff are excellent here. I can only speak highly of them [staff] it's really a team effort."
- The staff and management team had a strong ethos of finding out what was important to people who lived at the home and valuing people's diverse lives. For example, a staff member over a period of three to four months had supported people on an individual basis in recalling their life experiences, hopes and what mattered to them. One person told us, "It helped us all to rekindle our old memories. I did laugh thinking back to the days when it was hard, but we so enjoyed ourselves."
- People's individual memories were made into a 71-page 'Timeless magazine' which people told us they loved to read, especially getting to know each other more and sharing similar experiences. Staff had also learnt about the historic events which impacted on people's lives which they supported people to celebrate.
- A relative had used their family member's memories in their funeral programme to assist in celebrating their life. This had a positive impact as the registered manager explained, "There were things in there ['Timeless magazine'] that the [person's] relatives didn't even know."
- It was evident people had developed close bonds with the staff team who accepted people for who they were. This was especially valued by people who lived at the home and their relatives. One relative described how staff had been exceptional in meeting their family member's diverse needs. The relative described how their family member was now enabled to be themselves as this had not been their experience at a previous care setting. All staff worked really hard to make the person feel totally accepted for who they were and what they could do so people felt special and loved.
- The registered manager was proud of the compassionate nature and dedication of the staff team who created special moments for people. For example, a person who followed Buddhism wanted to remain in contact with monks they knew in America. This was especially important for the person during the end of their life. Staff utilised video calling software so the person, together with the monks, could participate in chanting and praying. This not only supported the person during this important time in their life but also assisted the person to achieve their last wishes.
- Staff were highly motivated in encouraging and supporting people to feel useful as their many skills were celebrated. One person spent time using their skills to build a dolls house which was left in readiness for the person to continue as and when they chose to.
- Staff and the management team were exceptionally empathic and used non-verbal communication,

smiles and touch in their communications. One person had a hug with a staff member and smiled in acknowledgement. Another person was reassured by staff talking with them and the staff member stayed with the person in their own reality. This is important and reassuring for people living with dementia. Another person said, "I feel comfortable here [at the home] and accepted, this does not happen very often in life." A further person told us staff provided the comfort they needed in a sensitive way when they forgot things. On this subject, the person told us, "I feel really lucky to be here amongst friends."

- People experienced acceptance and love from a staff, management team and provider where nothing was too much trouble. One person described how there was a family atmosphere and staff had thoughtful attitudes which included bringing their pets to visit people. A staff member regularly brought in their dog and from people's facial expressions and body language, we saw the therapeutic benefits as they stroked the dog.
- For a person living with dementia the staff member responsible for maintenance was going to put another mirror in their room. This was to help increase the daylight as the person struggled with day and night times. There was a real team effort in recognising each person's uniqueness and doing the very best for people.

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

- There was exceptional commitment to involving people in making decisions about their daily lives and care, so they lived their lives as they wanted. One person wanted to be supported to independently attend a specific club which they enjoyed immensely. Staff respected and accommodated the person's decision. The person told us, "They [staff] came with me at first to make sure I was okay, they [staff] always encouraged me that's what it's about encouragement." Another person enjoyed attending a regular event. The staff and management team championed the person's decision and supported them to make this a reality. A further person told us the cook knew exactly what they liked, and they had their very own menu which they really valued. This option was open to everyone who lived at the home.
- Staff continued to initiate new ways of supporting people to feel involved in their care and make decisions. For example, a staff member described how by assisting people to click the emoji face on the electronic care planning device to express an emotion or an idea, people could be better included.
- The management and staff team knew people really well which made a difference to people's wellbeing. For example, a relative described how they shared a meal with their family member at lunchtime when they visited. The relative said this was the staff team's idea and had worked well in making a difference to their family member as it encouraged them to eat.
- Different methods of providing forums where people were encouraged to gain an insight into a variety of health conditions had developed further since our last inspection. This included meetings where presentations were given, so people were supported to understand certain topics, such as diabetes and dysphagia. The feedback from these meetings was favourable and had the desired effect. For instance, people learnt more about dysphagia. One relative told us not only lessened any anxieties they had about their family member's needs by the knowledge they obtained from staff and helped them in any decisions being made about the care provided.
- Booklets had been made available about different subjects for example, information about the subject of dementia to support people who lived at the home, their relatives and visitors to have a greater understanding of dementia. A relative had worked with staff to develop the booklet about dementia, so they were able to express their first-hand experiences to support others.

Respecting and promoting people's privacy, dignity and independence

- People we spoke with said staff were extremely respectful and were excellent at putting the person first.
- People told us staff were exceptionally skilled at promoting their independence and helping them to grow and regain their independence skills.
- People gave us examples of where staff had worked sensitively which made people feel respected. People

told us staff worked proactively to promote their privacy and dignity. We saw examples of these which included having 'do not disturb' door signs which supported both people's dignity and when people wanted private time.

- People were free to express their views, with support when needed, in an inclusive and accepting staff and management team. We saw staff were polite and respectful and ensured people's human rights were upheld. There were examples of the inclusive atmosphere with celebrations of cultures, religions, LGBT+ lives and people's histories. People trusted and felt comfortable with staff to talk about these important aspects of their lives.

## 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 Outstanding. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The staff and management were continually searching for different ways of supporting people with pastimes to promote their sense of wellbeing. We heard numerous examples of the positive impact these approaches had on people's sense of worth and value. One person had been supported with a virtual reality device, so they could 'go travelling' as this was the person's passion. Additionally, people were able to go ice skating with staff's sheer determination to make this happen. Staff wore ice skates whilst supporting people in their wheelchairs to go around the ice rink. The photographs of this showed how people had such fun, laughing through the experience.
- Another person who had an interest in playing bowls, was supported to do this. The maintenance staff member went above and beyond to construct a portable bowls green, so the person's wish could be fulfilled regardless of the weather. For a further person they were supported to follow their interest in birds by visiting a falconry centre which brought them real enjoyment. Special moments were also created in using music to support people to rekindle memories and have fun. A choir had been set up as people told us they enjoyed music and singing. The feedback and photographs showed this was successful as people whatever their needs could participate. One person said, "I love a good old sing along."
- Staff planned a themed Caribbean day where steel drums were played, and Caribbean style food was served. People were supported to participate no matter what their needs were. Throughout the day people were consistent in their thoughts of how well they had enjoyed themselves. One person told us, "I've had a great day, did you hear the music and see the dancing. They [staff] make it such good fun." Another person said, "I don't know where they [staff] get all their energy from, I'm tired just watching it all. They [staff] really do care and always help us to have such a good time."
- Staff and the management team were continually searching for ideas of enabling all people to have access and be involved in social events whatever their needs. This included the introduction of an action camera. This would enable people to see streamed footage of entertainment happening in other areas of the home when people were unable to leave their room for any reason, so they could still feel part of social events.
- Staff utilised different methods such as electronic sources including video calling. A relative was worried as they were going on holiday for a few weeks, so staff set up a video call whereby the relative was able to see and talk to their family member. The relative was appreciative of staff making this happen.
- Relatives were also invited to social events and one relative told us these were always well planned by staff who were very dedicated in helping people to have fun. Another relative said, "They [family member] certainly has lots to do, they [staff] have so much energy in putting things [activities] on, even though it is a nursing home."

- The provider were members of the National Activity Providers Association [NAPA]. People benefitted from this membership as they went on trips out and a new introduction was training for staff about the association's wellbeing programme to further benefit people.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff and the management team were innovative in finding different ways of responding to people's unique needs and overcoming barriers. For example, one person's ability to communicate verbally had deteriorated. After unsuccessful attempts to use electronic communication aids, staff engaged the support of local students to develop a new communication tool. With the support of local students, they created a table with phrases the person frequently used together with an alphabet. A staff member told us the person, "Was so overwhelmed when we presented it, it gave [the person] back their voice and the ability to be heard again. I think it also helped the students understand that older age can have difficulties that can be overcome with simple things like this table." This was a huge achievement for the person and staff team.
- The management and staff team had an 'can do' attitude. This was infectious and had strengthened the staff team's responsiveness to people's needs by firmly placing people at the heart of all their care. We saw, and people told us how their wellbeing had been enhanced by staff practices. A person who had moved from another care setting had previously been informed their needs would be best met by being 'nursed in bed.' However, with the personalised care provided by staff the person was enabled to be out of their bed for gradually increased periods of time. The person now spends much of their day out of bed and goes out on trips several times a week. The person's relative said this was, "A great joy for both of us."
- There was a strong culture of promoting people's individual lifestyles and supporting people to live their lives as they wished. This included making sure people had the support and equipment they required to achieve their lifestyle goals. One person described how with the support from staff they had maintained their own level of independence, such as going out by themselves whenever they wanted to. The person highly valued the support from staff and management in enabling them to achieve their goals. Another person who lived with dementia was supported by staff to practise their walking several times during the day to improve their physical abilities. Staff used lots of encouraging words and a sense of humour which had the impact of motivating the person at times when their mood was low. The person's walking was gradually improving due to staff determination in focusing on supporting the person which visibly enhanced their sense of well-being.
- There was a culture of the management and staff team working alongside various professionals, so people's needs were regularly reviewed and responded to with their safety in mind. This had been extremely successful in the reduction of people falling, as where required, funding was obtained so people had one to one care for a certain number of hours per day. For one person the registered manager told us in the provider information request [PIR], "This has had a massive influence and positive affect for the resident [person who lived at the home] and their well-being." Staff also said, and we saw during our inspection the person's falls had significantly reduced with their confidence growing which had a positive impact on their emotional and physical wellbeing.

End of life care and support

- Staff and the management team were keen to provide the best care they could when people were nearing the end of their lives. For example, a staff member described how a person had passed away suddenly but they hoped the person had enjoyed the dance they had with them just prior to their passing. Thought was given to people's own wishes at the end of their lives such as favourite music playing. Relatives and friends could stay with people and there was a dedicated room for relatives and friends to use as they wish. Nothing was too much trouble and staff told us people were never alone as they sat with people.
- A commemorative service was held yearly where balloons were set off as people remembered their loved



ones. Staff told us relatives and friends really valued coming together to share and celebrate their loved one's lives

- People and where appropriate their relatives, continued to be involved in making advanced decisions and developing any end of life plans if they wanted to. If people did not wish to discuss this, their wishes were respected and documented. There were many compliments received from relatives describing the dedication and kindness of staff in providing end of life care to their family members. One relative commented, "I cannot speak highly enough of the care and compassion that [family member] received whilst there [at the home]. As a family we were impressed at the time the staff took to talk to you and really get to know [family member] and they [staff] treated [family member] with kindness and dignity throughout [family member's] stay. It felt as though friends were taking care of [family member], helping us all through a difficult time as a family."
- The management and staff team were working towards accreditation in the Gold Standard Framework [GSF]. The GSF aims to enable everyone to have a "good death" in the place of their choice.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The management and staff team sought to identify the best ways to support people's varied communication needs. This included using assistive technology and producing different formats to fully promote people's specific needs, such as crosswords developed in large print.

#### Improving care quality in response to complaints or concerns

- People who lived at the home and relatives did not have any issues or complaints, but they would not hesitate to raise anything with the management and staff team. They were all very confident any concerns or complaints would be fully addressed.
- There was a comprehensive complaints procedure in place. The management team dealt with concerns and these were taken seriously and acted on promptly. Staff were accountable and took responsibility if there were any errors or mistakes and reviewed how things could have been handled differently.



# 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 Outstanding. At this inspection this key question has remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The registered manager, deputy manager and staff showed immense enthusiasm and a commitment to provide the best experience possible for the people they cared for. They told us how proud they were of their staff team in making a difference with the care they offered to people and how they worked as a team to make this happen. The management and staff team were committed to working together to provide a truly person-centred environment that enhanced the quality of lives of the people they cared for. For example, 'a walk in the park' was implemented after the management team had read an article about how people in nursing homes did not get any fresh air. People who lived at the home, relatives and staff regularly walked in the park whatever the weather. The feedback was that this initiative was successful. Despite the rain on the first walk, everyone loved getting wrapped up and feeling the rain on their skin.
- People who lived at the home and relatives were exceptionally positive about the ethos and values of the leadership and staff team's dedication in providing excellent person-centred care. One person told us, "I can genuinely say it's the little things they [staff] do which mean such a lot when you get to my age. They [staff] really do have such lovely ways of helping me. I need help, [so I] wouldn't want to be anywhere else." A relative commented, "The ambience is calming and when the staff talk about 'our little family' it feels just like that. Many of the staff to whom I have spoken with have worked there for many years and all are justifiably proud of what they achieve day after day. St John's is all about the people, staff and residents and I cannot speak highly enough of the home. It really is very special."
- The provider and the management team led by example as they showed they had a strong commitment in continuing to bring creative ideas to life to improve further on an already outstanding service. The culture was open, and everyone's input was listened to and valued. We found the atmosphere was friendly and relaxed. Staff were highly motivated and were eager to share their work with the inspection team. One staff member told us, "What I love about this staff team is we all change with the times as things are updated. Because best practices change, we should be keeping updated and on top of our game."
- The provider's values were put into practice by staff who were supported to 'live' them in their day to day work. Staff had gone to great lengths to ensure people and their wishes remained at the heart of their care such as creating a table to support a person's communication needs. For the person this table had made a huge difference to their happiness and wellbeing.

Continuous learning and improving care and; 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 management team were infectious in continuing with additional ideas and this motivated the staff

team which resulted in supporting further positive outcomes for people. The registered manager told us about their idea for more activities to stimulate people's senses, such as the smell of bread baking. The introduction of a silent call bell system as they wanted to remove the sound of call alarms as they recognised for some people noise impacted on their sense of wellbeing.

- Since the last inspection the management and staff team had worked together to maintain and further improve people's experiences and outcomes. This included the development of initiatives which continued to improve staff skills together with training opportunities for relatives. This provided relatives with opportunities to share and gain further insights into their family member's needs. The creative work to support people in recalling their life experiences and bringing these to life in a dedicated magazine which had brought joy to people and friendships were forged. A booklet about end of life care had also been produced detailing amongst other things, what to expect in the last days of life. The information showed people were unique and each person have their own way of living and dying. This principle was at the centre of end of life care provided and reflected in the numerous compliments received.
- The management and staff team had learnt and worked hard to develop electronic care plans which were inclusive of people's involvement and truly reflected personalised care. This had been successful as we saw and heard how people had been involved in developing the records and their care plans were individual to each person. With the appropriate permissions relatives could access these. One relative's comment read, "Being able to access and read the care notes when we can't visit in person is reassuring and comforting."
- The registered manager and staff team were extremely proactive in sharing good practice with others. Their success in helping people to achieve outcomes was shared with other health and social care organisations to assist in improving care outcomes in other services. For example, care planning practices had been shared with another provider's home as they were impressed with the assessment of a person's needs.
- The registered manager was fully supported by the provider and encouraged to aim high in their leadership role. For example, the registered manager had been nominated by the provider to participate in The Rising Stars programme which is part of the National Care Forum [NCF]. The registered manager commented, "I was very proud and overwhelmed to be nominated and then over moon when I was successful." The registered manager was committed to utilising all the new skills they were learning to continually move forward and inspire their staff team too. During our inspection we clearly saw and heard from people who lived at the home, relatives and staff how due to the registered managers 'can do' attitude people's individual needs had been met and enhanced.
- The registered manager had also been recognised by the clinical commissioning group for their skills in front line nursing and making a difference. As part of this achievement the registered manager was invited to a ceremony at Buckingham palace alongside other nurses.
- There was an open and honest culture enabling learning from events and supported reflective practice to look for continuous improvement. This was demonstrated by the innovative ways the management team developed learning scenarios covering a range of risks and subjects. For example, the forming of clinical governance meetings to holistically look at people's needs, and staff completed reflective accounts as one method of continually improving practice. We heard how successful this support had been to reduce significant risks to a person and improve their health outcomes.

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

- The registered manager and deputy manager had an empowering approach to encouraging staff to develop the lead role initiatives and the emphasis they placed on supporting and developing the staff team.
- Staff felt highly valued and supported by the management team and their colleagues. Staff were proud of the positive impact the changes they had helped introduce had had on people who lived at the home. One staff member told us, "There is a really good team spirit and we work as a team. Residents [people who lived

at the home] are really cared for here".

- Regular checks on all aspects of quality and safety were made by the leadership team and the provider's representatives who visited regularly. For example, regular checks on the home environment were conducted. This had brought about improvements such as redecorating, with the views of people sought such as displaying wallpaper samples on walls to enable people to have access to visual choices. There was a strong emphasis on involving people in the plans and decisions about their home.

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

- The registered manager had a vision and part of this was, "I want every person living at St Johns to be living the life they wish, and live making memories. I want us to be a centre of excellence in enabling this, in positive risk taking." We found the management and staff team were succeeding in this. People consistently remarked on how they were supported to live their lives even though they had physical and health needs. We heard about outings which included everybody such as going to the bowling alley, zoo and seaside. One person told us, "They [activities staff] make a real difference as without them we would not be able to enjoy such different things. I certainly live here."
- People who lived at the home and relatives continually gave examples of how people were kept at the heart of the service. We found this to be the case as the staff and the management had a strong ethos to involve everyone in all aspects of their home. For example, a person was enabled by staff to choose their own curtains which was a real achievement due to staff overcoming the challenges with the person's communication needs to help them be involved in the decision. A relative told us they would recommend the service because of the staff's inclusive attitudes. The relative said, "It's brilliant [here], they [staff] have a special way about them." Another relative told us, "It's the way the people are [treated and] the respect they [staff] show them, I would want that for myself."
- The management and staff team used creative ways to empower people to voice their opinions. This included the use of staff champions which helped to shape people's care and support as staff shared learning between themselves and people who lived at the home and relatives to expand their knowledge.
- A newsletter was produced which shared news, celebrations and when projects were being introduced. In a recent newsletter a project was announced informing relatives they could send messages to their family members onto the dedicated social media page and staff would transfer these into postcards and hand deliver them. This project was introduced as the management and staff recognised the uplifting benefits of people receiving positive mail and keeping in touch. One person told us they had always loved to write letters and was excited at the prospect of sending and receiving postcards. The person told us, "How truly thoughtful of them [staff]. I'm not surprised though as they [staff] truly have caring hearts every one of them [staff]." A relative also expressed their delight in having a way to share with their family member about everyday life and the bigger events between visits.
- Staff were valued and recognised for their significant contributions to improvements and motivated to want to continually strive to provide excellent care. For example, employee of the month celebrated staff's achievements. The registered manager had also personally written a thank you card to all 84 staff members, which held personalised qualities of each staff member together with how they as an individual made a difference to people's lives.
- There was a strong community network with people who lived at the home, relatives, the local community and other professionals and agencies. For example, events were well publicised and theme days and or fetes were held utilising the prominent front garden area.

Working in partnership with others

- The registered manager embraced partnership working with other health and social care organisations to achieve better outcomes for people. This included healthcare professionals who worked closely with staff to

meet people's health needs.

- The management team continued to be motivated in bringing their visions to life. One example was the introduction of a health hub at the home with the local GP having their own consultation room where people could where people could meet with the GP if they wished. The management team thought this could be widened for physiotherapist and chiropodist using the same room. This would bring healthcare even closer to people who lived at the home.
- The management and staff team had worked together to continue to build strong links in the local community and were seeking to gain further links for the benefit of the people who lived at the home. This included local links with charities and interest groups. There was an already well-established group of local students who regularly spent time with people who lived at the home and friendships had been forged. There were also well embedded links with the local football club and people attended football matches which they enjoyed immensely.