

St John's Home

St John's Home

Inspection report

Wellingborough Road
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

St John's Home is a care home providing personal and nursing care to 42 people aged 65 and over at the time of the inspection. The home can support up to 48 people.

People were accommodated across two floors and a separate wing, each of which had separate adapted facilities.

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

There was a registered manager who had been the manager of the service since April 2014.

Staff understood their roles and responsibilities to safeguard people from the risk of harm. People were supported to access relevant health and social care professionals.

People's medicines were managed in a safe way. People's risks were assessed at regular intervals or as their needs changed. Care plans informed staff how to provide care which mitigated these known risks.

People received care from staff who knew them well. Staff had a good understanding of people's needs, choices and preferences. People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted. Staff gained people's consent before providing personal care.

People were involved in the planning of their care which was person centred and updated regularly. People were supported to express themselves and their views were respected and acted upon. There was a complaints system in place and people were confident complaints would be responded to appropriately.

Staff were recruited using safe recruitment practices. Staff received training to enable them to meet people's needs and were supported to carry out their roles.

The management team continually monitored the quality of the service, identifying issues and making changes to improve care.

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

Rating at last inspection

The last rating for this service was Good (19th June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

St John's Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was undertaken by one inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience had experience of caring for older people who use regulated services.

Service and service type

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

The home had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the home is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the home since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the home. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information helps support our inspections. We used all of this information to plan our 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 home, what the home does well and improvements they plan to make. We took this into account when we inspected the home and made the judgements in this report.

During the inspection

We spoke with seven people who used the service and five relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, operations manager, senior care worker, care workers and the cook.

We reviewed a range of records. This included four people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the home, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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's risks were assessed at regular intervals or as their needs changed. For people with specific health needs, information and risk associated with each had been assessed and guidance for staff was clear and detailed.
- The management team took a proactive approach to health and safety, including fire safety. There was a comprehensive 'safety management system', which takes account of current best practice models. The latest fire protection measures were in place, compliant with fire regulations. The provider utilised an independent fire assessor, along with the local area fire officer visits to ensure compliance. Staff carried out weekly checks of their systems to ensure they were working effectively.
- Staff were knowledgeable about people's needs in relation to moving and handling, where equipment was identified in people's care plans to support mobility, these were available and used in the correct manner.
- Staff promoted independence and encouraged people to use walking aids where they were at risk of falls. One person told us, "I have moved down here [ground floor] after my needs changed and I needed my [special] wheelchair more. It's a good size [room] and near to everything that I need".
- The provider was recognised as having an exceptional and inclusive approach to promoting staff safety, and was seen as a good place to work by staff and external organisations.

Preventing and controlling infection

- People were protected from the risks of infection by staff who received training in infection prevention. A staff member told us how cleaning schedules ensured all areas were kept clean and free from odour, cleaning equipment was colour coded, supplies of cleaning materials were readily available as were aprons and gloves.
- Staff followed the provider's infection prevention procedures by using personal protective equipment (PPE) such as gloves and aprons. The management team carried out spot checks and infection control audits on staff to check they were following procedures and using PPE. One person told us, "Staff are very kind, respectful and always wear their aprons and gloves to stop infections spreading".
- The management team supported staff on how to manage winter viruses and have shared this learning with the people living at the home and their relatives at meetings, with the purpose to help prevent infections and viruses coming into the home.

Using medicines safely

- People were assessed for their abilities to manage their own medicines. Where people required support with their medicines, people received these as prescribed. One person told us, "We get our medication regularly and the staff gives you them in a little pot with some water, or whatever you like to take them with

and then wait while you take them". Another person told us, "Staff give me antibiotics every four hours, helps me with my pain in my shoulder. My carers are fantastic."

- Staff received training in the safe management of medicines and their competencies were checked. One member of staff told us, "You can never be too careful with medication and always need to stay on top of your training and learning."
- Regular medicines' audits carried out a pharmacist technician informed managers of any issues which were rectified in a timely manner.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "Oh I don't have to worry about anything here. There is always someone on duty to help you".
- People were provided with a range of accessible information about how to keep themselves safe and how to report any issues of concern. This information was on prominent display throughout the service.
- Staff received safeguarding training. Staff told us they knew how to recognise abuse, knew the different organisations to report any concerns to and explained how they would go about doing this.
- The safeguarding policy explained how to raise referrals to the local authority safeguarding team. Safeguarding alerts had been raised appropriately and clear records were maintained.

Staffing and recruitment

- There were enough staff deployed to provide people with their care at regular planned times.
- People received care from staff who knew them well. Staff were familiar with peoples care plans, time was allocated for staff to spend 'office days' which gave them the opportunity to read care plans in detail. A staff member told us, "One person I support can be anxious. [They] like a very particular routine with [their] personal care, but I know this now, so [they] can relax and feel comfortable."
- Staff and volunteers were recruited using safe practices. References and their suitability to work with vulnerable people were checked. Risk assessments were in place when needed. Learning lessons when things go wrong.
- The management team were pro-active in using information from audits, surveys, reviews and incidents to improve the service. The managers worked with staff to understand why things went wrong and involved them in finding solutions.
- The provider had a process for reviewing accidents and incidents to ensure lessons were learnt and measures were taken to reduce the likelihood of recurrences in the future.
- The trustees also met with the senior management team every month, undertook un-announced visits and provided feedback in order to help improve the home.

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 needs were assessed before they moved into the service to ensure staff were able to meet their needs and preferences. Two people told us, "The family chose the home for us [a number of] years ago. We were both fully assessed at home before we came in and we chose how we wanted our double room laid out, so it feels like our home".
- Assessment documentation showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act as well as other areas such as their religious and cultural needs.
- The provider also offered day services to offer companionship and support to home carers.
- People had a key worker appointed when they moved into the service. The key worker co-ordinated their care plan and helped them with all aspects of the settling in process.

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

- People were assessed for their risks of malnutrition and dehydration. Staff referred people to a doctor and Speech and Language Therapy (SALT) service where risks were identified.
- People's nutritional needs were identified clearly within their care plan. Staff were knowledgeable of people's needs and demonstrated this at meals times. One person was supported with a soft diet, staff sat beside the person and supported them in an appropriate manner.
- Staff followed the advice of health professionals in providing meals that met people's dietary needs. An independent dietitian visited the home monthly. They worked with the catering team in the service to provide and promote healthy eating and nutritionally balanced meals.
- People had choice in their daily menu. People's friends and relatives were welcome to stay for meals. One person told us, "Sometimes I have my meals in my room, but most of the time I like to go down to the dining room and mix with everyone else. Today my [relative] came for lunch which was nice".

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

- The home was spacious and well maintained, with a good degree of privacy.
- All parts of the home were accessible for those with limited or reduced mobility. Grabrails were observed throughout the home to support people's independence and safety.
- The operations manager told us Wi-Fi was available throughout the building, although the signal strength was variable. The service accommodated people's communication and technology preferences including phones and subscription TV services in people's rooms.

Staff support: induction, training, skills and experience

- New staff, agency staff and volunteers received an induction which provided them with a good foundation of knowledge and understanding of the organisation and their roles. The induction was flexible, depending on people's experience coming into the role and managers used work-based learning, based on the Care Certificate.
- New staff shadowed experienced staff to get to know people they would be caring for. All staff received a mixture of face to face training, on-line learning and self-study, including annual refreshers, with the registered manager working one-to-one with staff members where needed.
- Staff said they received regular ongoing training, if they identified gaps in knowledge training was provided. Regular staff meetings gave staff the opportunity to explore areas for development. One member of staff told us, "I have completed my NVQ 5, the registered manager is very supportive and encourages me".
- Staff received supervision sessions, however, this was not always formally recorded. The management team told us they were in the process of training and delegating supervisions to their newly appointed team leaders, to ensure consistency and frequency was restored to staff. The registered manager also planned to carry out formal annual development appraisals for staff.

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

- People were supported to make healthier life choices with their diet and exercise. One person told us, "I have seen the doctor and been for some tests so it's all in hand".
- Staff supported people to attend health appointments and referred people promptly to a doctor or other medical services when they showed signs of illness. One person told us staff were very vigilant and caring, "They would never let you go to a hospital appointment on your own. It would either be organised with family or a carer would go with you and stay with you".
- Staff said they had recently attended oral health training and felt confident to support people in this area.

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

- Staff demonstrated they understood the principles of MCA, supporting people to make choices. People confirmed staff always asked their consent before providing care. A relative told us, "Staff are always asking for permission to do things for people".
- Staff carried out regular mental capacity assessments to establish people's insight and understanding of their care needs. This enabled people to make informed decisions about their care, or health and social care professionals to make best interest decisions about people's future care. Capacity was noted throughout people's care plans.
- The manager confirmed no people living at the home were currently subject to any restrictions to their liberty under DoLS. The registered manager had recently attended training, to review their knowledge and

check the home's compliance in this area.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their dignity. Staff were observed treating people in a dignified way. For example, staff always knocked before entering rooms, toilet doors were closed, and staff discreetly offered support if they felt a person was struggling.
- People's independence was promoted. Staff encouraged people to maintain independence with mobility, ensuring walking frames were positioned correctly and offering praise and encouragement. One person was seen leaving the dining room, discussing with staff as to how far they wanted to walk with their walker before their wheelchair would be needed. The staff member followed them a good distance before the person indicated they needed the wheelchair.
- A person told us, "I can leave the home anytime I want to. I go out with family, or I can join in with things that are going on in the garden in the nice weather."
- People's information was stored securely within the office, and all staff were aware of keeping people's personal information secure.

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

- People received care from staff who knew them well. One person said, "Staff are very kind and you always see the managers about here and there. Everyone is very approachable and seem to get on well together".
- People told us staff were kind and friendly. One person told us, "My two children chose the home, oh about [a number of] years ago now. I think they did well. Everybody here is so caring." Another person told us, "We laugh together as well and that's important."
- Staff understood the importance of promoting equality and diversity. Care plans contained information about people's religious beliefs and their personal relationships with their circle of support.

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

- People were involved in the planning of their care. Their care plans clearly showed how people preferred to receive their care. One person told us, "They do ask us what we think of the service here. They certainly keep in touch with family and I know they are happy with our care. We would certainly recommend it. It has been a good choice for us anyway." A relative told us, "I think the staff have the balance just right here. They know people well, give them all the support they need, but without being intrusive".
- The provider had information to refer people to an advocacy service if people needed additional support to make decisions. Advocates are independent of the home, who support people to decide what they want and help communicate their wishes.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People had excellent support to live as full a life as possible. Staff helped to enrich people's lives by encouraging and supporting them to take part in activities. People were given the choice of what they wanted to do. Activity ideas were developed in consultation with people, tailored to people's backgrounds, interests and hobbies. Activity co-ordinators provided a range of activities and facilities for people to join, but also respected their rights to have their own space and enjoy their own quiet time. The home had a number of communal areas for people to use freely, and often these were used when families or friends came to visit.
- The registered manager showed us photos of various social gatherings. One person told us, "There are a range of activities each week if you want to join in, but no pressure if you don't. We have a list that comes around each week and they [staff] do remind you if they know you usually like to join in." A relative told us, "My [relative] seems to mix well with other people at mealtimes and [they] do enjoy the activities during the week and tells me about the crafts, quizzes, music and movement sessions. I know [they] loves flower arranging."
- Staff told us about 'Key days' which were days when key workers spent time with people to do something over and above the activity schedule. The staff member told us, "We get one or two allocated key days each month, I sit down with my people and talk about what kind of things they want to do."
- People and staff were actively involved in the local community and further links were being built. Staff maintained close links with the local Anglican church. Ministers visited twice a week to join people for communion and evening songs.

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

- People and, where appropriate, their relatives were involved in creating and updating their care plans. One member of staff told us, "We tailor support to the person, not the other way around, we put them first".
- People's care plans reflected their preferences and cultural needs. Staff used this information to ensure people received care in the way they preferred. A person told us, "I could stay in bed all day if I wanted to and I do occasionally have a lie in, but mostly I like to get up and dressed, even if I choose to stay in my room if there is not an activity on. I like to watch the world from my large bay window".
- People's care was planned and delivered in a person-centred way. Care plans gave staff detailed information, these enabled them to support people as individuals. Staff reviewed these regularly at timed intervals and as and when required if changes to people's needs were identified.
- A number of relatives spoke highly of the laundry staff. One person said, "The laundry service is excellent and they go out of their way to make sure that you get everything back that is yours".

End of life care and support

- Staff were not supporting anyone with end of life care at the time of the inspection, however the home had explored people's preferences and choices in relation to end of life care. Staff were skilled at helping people and their relatives explore and record their wishes about care at the end of their life, and to plan how they will be met so that they feel consulted, empowered, listened to, and valued.
- Staff worked closely with healthcare professionals, to ensure people experience a comfortable, dignified and pain-free death.
- The provider was responsive in enabling people to engage with their religious beliefs and/or preferences at the end of their life. The service had its own chapel for special services such as remembrance and funeral services. The provider and staff celebrated all faiths and cultures.

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 provider complied with the Accessible Information Standard, they ensured people with a disability or sensory loss understood information they were given. The provider has installed hearing loops in some areas of the building and staff supported people with visual impairment with information in large print.
- People were provided with comprehensive information about the service upon arrival and on a regular basis. This included a staff newsletter and printed activities schedule so people knew what was going on each day.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place so complaints could be addressed in accordance with the provider's policy.
- There had not been any written complaints in the last twelve months, however the registered manager told us they dealt with any verbal complaints straight away. One person told us, "I did complain about some of the questionable food choices at our home's meeting and they were removed as it seemed I wasn't the only one who felt that way". Another person told us, "We haven't really had to complain about anything, but we do go to the home's meetings and you can speak up there".

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

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

- The whole staff team promoted person centred care in all aspects of the home. The running of the home was a partnership between trustees, management, the staff, people and their families. One person told us, "The registered manager has been here a long time and is very approachable. She knows me well and always greets me by name. I have completed a questionnaire in the past and have been to the relative's meetings. It all seems to work very well".
- Staff told us they were happy working at the home and felt supported by the management team. Staff were complementary of the management team, they said the registered manager, deputy and operations manager were all approachable, willing to listen and supportive, going out of their way to help staff.
- Staff said St Johns Home was a great place to work and morale was high.

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

- The management team carried out regular audits and checks to ensure people continued to receive high quality care. Where issues were identified, the managers acted to improve the service.
- The management team understood their regulatory requirements to report incidents and events to CQC, records showed these had been submitted as required. The operations manager showed us the risk management register as this covered business continuity planning.
- Policies and procedures were up to date, and supported best practice.
- Staff attended regular meetings to discuss updates in policies and refresh knowledge.

Working in partnership with others

- Staff had strong working relationships with health professionals such as doctors, district nurses and community health teams.
- There was a close working relationship with a specialist dietician who commented, "I enjoy working with the whole team at St John. I always feel welcomed and my recommendations are valued. I have not witnessed anything that raises concerns. Staff display genuine care and respect for people. The environment is always clean and well maintained".
- Staff worked with the local community to be involved with people in the service. Local school children visited for reading and craft sessions. The managers also led discussions on subjects from these intergenerational visits. Scouts and cubs delivered cards at Christmas and medical students were invited from the local college to support their learning.

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; Continuous learning and improving care

- The registered manager was aware of their responsibility to keep people informed of actions taken following incidents in line with duty of candour.
- The management team supported staff to learn from incidents and actions taken.
- The registered manager discussed the management teams' recognition about mental wellbeing being interlinked with staff performance. Working relationships between staff are built on mutual support, for the benefit of the people they care for at St Johns Home.

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

- People were asked for their feedback through formal surveys and at group meetings. Issues and suggestions were acted upon. A relative told us, "I think [my relative] is given every opportunity to speak up about anything [they] are unhappy about at the regular meetings, or even if [they] speak to one of the staff". A person told us, "If suggestions are made at the meetings, [staff] usually make changes if they can".