

R & E Kitchen

# St Johns Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection took place on 5 December 2016 and was unannounced. We returned on 8 and 14 December 2016 to complete the inspection.

We had major concerns during our last two inspections of St John's Nursing Home and we found at these times St John's Nursing Home was providing inadequate care treatment and support. This meant the service had been placed into 'special measures' by CQC.

The owners of the service have been very responsive about putting things right and have worked cooperatively with commissioners of services to improve standards. They benefitted from support and advice provided by staff from Hampshire County Council and staff from the CCG.(Clinical Commissioning Group)

St Johns Nursing Home is registered to provide care, treatment and accommodation for up to 38 people. At the time of our visit 24 people were living there.

There was not a registered manager in post although the provider had submitted an application for two senior staff to share this role.

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

At this inspection we found there had been significant improvements to the care and treatment provided to people who lived at St John's. This meant we judged St Johns was providing much better care to the people living there although we found further improvements were still needed.

Improvements needed included consistently employing sufficient numbers of staff to meet people's needs. Staff also needed to consistently enact the Mental Capacity Act 2005 to ensure they upheld people's rights. Staff had a good understanding of people's needs and the risks associated with their care but this information needed to be more consistently recorded. When people were admitted assessments had to be done in a more timely way to help to ensure staff were aware of people's care and treatment needs.

People were cared for by a dedicated and hardworking staff team who knew them well. Staff had worked very hard to improve the service and this had been recognised and appreciated by management. Staff were provided with support and training and nursing staff were given clinical supervision to ensure their professional skills were maintained.

People's nutritional needs were known and adhered to. Staff worked cooperatively with health care

professionals to ensure health care needs were understood and met. The service had employed an activity coordinator which meant people had more individual and social interaction.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Improvements were still needed to ensure sufficient staff were always deployed to meet people's needs and written assessments to people who were at particular risk needed to be more robust.

People felt safely cared for and safeguarding at the service had improved.

The management of medicines improved.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

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

People's health and nutritional needs were being met.

Staff were receiving supervision and were being provided with appropriate training and support.

### Is the service caring?

**Good** ●

The service was caring.

Staff were kind and caring and people's privacy and dignity was respected.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Written plans of care needed to more accurately reflect people's health and care needs.

People were provided with a better range of activities.

Complaints were responded to in line with the services complaints policy.

### **Is the service well-led?**

The service was not always well led.

The provider needed a stable management structure and accurate audits of their written records to ensure they delivered consistent high quality care.

The service had taken steps to ensure they consistently delivered good person centred care.

**Requires Improvement** 

# St Johns Nursing Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 December 2016 and was unannounced. We returned on 8 and 14 December 2016 to complete the inspection. At the time of our visits 24 people were living at the service.

The inspection team consisted of a specialist advisor who was a nurse and two inspectors.

We spoke with ten people living at the service and with five relatives. We observed care and support being given to people in communal areas. We spoke with nine staff and with the proprietor. We also spoke with three visiting health care professionals.

We reviewed records of seven people living at the service. We also looked at policies and procedures relating to people's care and welfare and records relating to staff.

# Is the service safe?

## Our findings

We had found previously the service was not safe. This was because; people did not always feel safely cared for; medicines were not managed in a safe way; staff did not understand how to respond to identified risk and there were not always sufficient staff deployed to meet people's needs.

At this inspection significant improvements had been made. Medicines were managed safely. People said they were being safely cared for. People had access to their call bells and we observed staff responding to people's call bells within a reasonable time. Staff responded to people's other care needs in a timely way. This included when people were becoming distressed.

The improvements identified during this inspection related to the need to provide consistent staffing levels and the way in which staff recorded risk.

Our previous inspection concluded there were insufficient staff available to meet people's needs.

During this inspection there were six care staff and two nurses to support 24 people during the day. This number of staff was sufficient to support the care and treatment needs of people currently living at St John's, many of whom needed two staff to support them at any time. Although sufficient staff were deployed during most shifts we could not be sure there was consistently enough staff on duty meet the needs of people during all shifts. Staff rotas showed there were not always a consistent number of staff on duty, particularly at weekends.

People said at times, particularly at the weekend there were not enough staff. One visitor said "They (staff) work really hard" but described how staff did not always have the time to do smaller things which would have improved the quality of their relative's life. Another visitor said sometimes their relative liked to stay in bed but at other times they would like to get up earlier but this was not always possible because of lack of staff. A resident said "When I press the bell it varies" (about how long they had to wait for assistance)- it depends how many other people they are looking after". Another said I'm a bit fussy I like a wash before breakfast and I don't always get it."

Some staff said they had enough time to support people. Others said they were at times pushed to do this. One said for example, "Managers are trying their best but staffing levels need to be consistent."

We did not identify any serious risk to people's health and welfare as a result of some shifts being short of staff but it was clear there were some shifts where staff were less available. This had at times impacted upon how quickly staff could react to the care needs of the people they supported.

Senior staff described how they made themselves available to cover any shortfalls and we saw them doing this. They also used agency staff to fill in some gaps in staffing. They said they were actively recruiting four care staff and one nurse to enhance the staff team.

There were not always sufficient staff deployed to meet people's needs. This was a continued breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Safe and effective staff recruitment practices were followed to ensure staff did not start work until satisfactory employment checks had been completed.

Our previous inspection said assessment of risk to people's health and safety needed to provide more guidance and people needed to be monitored more closely to ensure staff provided consistent and appropriate care and support.

Staff showed a good understanding of risk identified to people's health and wellbeing and they were provided with good verbal information when people's health or care needs had changed. Written risk assessments did not however always accurately reflect people's actual needs. For example one person was at high risk of choking. Although staff were aware of this it had not always been reflected consistently in their records or in daily written handover sheet. Whilst this was not an issue for regular staff as they knew the person it may have posed a risk to staff less familiar with the person's needs or with people visiting the person.

At our previous inspection we said improvements were needed in the management of medicines. This was because medicines were not always securely stored or safely disposed of. Improvements had been made. At this inspection we found medicines were being safely managed.

Medicines were stored in secured and locked drug trolleys. Medicines that required refrigeration were stored in the treatment room in an appropriate medicines fridge and temperatures of the fridge and treatment room were monitored to ensure medicines were stored within acceptable temperatures.

People's medicines records had a picture of the person, their name and room number to aid correct identification when administering medicines. Allergies to certain medicines were listed. Medicines were stored in blister packs and colour coded for morning, lunch, teatime and evening medicines. Records reviewed showed that there were protocols in place to guide staff when as required (PRN) medicine should be given for each person. Staff wore a tabard when administering medication, so people knew not to disturb them. A record was kept of medicines administered. (MAR) MAR charts were completed in line with people's prescribed medicines. Some people required topical creams to be applied. There were some gaps in the recording of these creams for example one person's cream needed to be applied daily and there were significant gaps in the recording of this information. We discussed this with staff who said this was likely to be a recording error and this would be reviewed. Medicines were disposed of safely as those waiting to be returned to the pharmacy were securely stored before they were removed from the service.

Staff confirmed they had received safeguarding training and understood their role and responsibilities under whistleblowing arrangements. A whistleblower is a person who raises a concern about a wrongdoing in their workplace or within the NHS or social care setting.

Some people living at the service had behaviours which could at times challenge others. When this occurred staff took action to keep people safe around them and acted in a calm and patient way to reduce the level of the person's anxiety. Staff generally followed procedures by reporting any incident which put a person at risk to the local authority. One historic allegation had not been reported and staff said this would be done.

There was a record made of accidents and incidents. Action had been taken to reduce the possibility of reoccurrence and all reports had been audited by senior staff to ensure appropriate action where necessary



had been taken.

People had a personal emergency evacuation plan (PEEP) A PEEP is an escape plan for individuals who may not be able to reach an ultimate place of safety unaided or within a satisfactory period of time in the event of any emergency. We discussed with senior staff that this needed to be readily accessible and they said they would arrange this.

## Is the service effective?

### Our findings

We asked people if they were well cared for. People said they were. One said "To be honest it's very good." Another person said they were "comfortable."

We had previously found improvements were needed to ensure all staff were acting in accordance with the requirements of the Mental Capacity Act 2005. At this inspection although we found some improvements had been made there were still some inconsistencies in how the Mental Capacity Act had been applied. Improvements made included care planning which took into consideration people's abilities to make decisions about their care and treatment. We observed staff asked for people's consent before they provided them with care and support. Staff respected people's decisions even if unwise when they had capacity to make decisions about their care and treatment needs.

Senior staff did not always show a consistent understanding of the Mental Capacity Act 2005. For example, one person had signed a consent form in August 2016 to allow staff to take photographs and to allow staff to administer medicines to them; however a family member had signed to provide consent to other aspects of their care. Whilst it is good practice to involve family members so that decisions can be made in people's best interests where they lack capacity, there was no indication the person could not make these decisions for themselves.

Where people did lack capacity, family members had been asked for their consent to their care and treatment when there was no evidence they had a lasting power of attorney regarding the person's care and welfare.

This was a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Care and treatment must only be provided with the consent of the relevant person.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Senior staff had submitted relevant applications although we found one authorisation had lapsed. Staff took immediate action to ensure this was reapplied for.

We had previously found people's nutrition and hydration needs were not effectively monitored and managed. At this inspection improvements had been made.

Where people needed a particular diet for their health needs this was recorded as part of their care plan and we observed staff provided people with food and drink in line with their assessed needs. For example, we observed some people were given pureed food and thickened fluids where necessary. This had been done in consultation with external health care professionals. People who had diabetes were effectively monitored. People's weight was monitored. One person who had lost weight was offered additional snacks between meals and another who had also lost weight had been provided with supplements as prescribed by the GP.

Some people had their food and fluid intake monitored although there was not always a recommended daily intake recorded. Staff did not record output for people who had a catheter in situ even when their care plan said this was needed. This is particularly useful in helping to calculate people's intake requirements.

Fluid records showed staff assisted people to drink at regular intervals throughout the day and when they were awake during the night.

People's health care needs were met. People's health care needs were assessed and recorded and people we spoke with confirmed staff contacted the GP if they were unwell and they said they saw specialist health care professionals such as opticians and dentists when they needed to. Where people had pressure ulcers staff had followed advice from tissue viability nurses who are specialists in the provision of expert advice in the prevention and the treatment of wounds.

A visiting health care professional said they were "definitely impressed" by the nursing staff at the home. They said they consulted appropriately and said senior staff were knowledgeable, sensible and prepared for their visits. They said there was good communication between the service and the doctor's surgery.

Staff said the GP practice visited in response to requests. A podiatrist visited every six weeks or if required. There was provision for domiciliary visits for eye testing and dental care. An improvement to the service since we last visited was that a specialist health care professional visited to provide exercise and treatment for people who had developed contractures. Contractures develop whenever a limb or joint is not moved regularly through its full range of motion.

We observed staff asking people if they were in pain and staff were prompted to check for possible non-verbal symptoms of pain. They had access to a recognised pain assessment tool if needed to help them to assess whether people required pain relief. This was an improvement to the service.

At our last inspection we said nurses did not receive any clinical supervision. Clinical supervision provides an opportunity for registered nurses to reflect on and review their practice, discuss individual cases in depth and change or modify their practice and identify training and continued development needs. Improvements had been made. Nurses confirmed they received clinical supervision and felt they received a lot of support. They were satisfied with the level of training provided.

Care staff were provided with training relevant to their role and were supervised. New staff were required to complete shadow shifts. Staff competencies were assessed during supervision sessions.

## Is the service caring?

### Our findings

We asked people if staff were caring. People said of staff "Yes they treat me well" Another person said "Yes they are very kind. They know what I can do and what I can't do" Another said "Yes they are nearly all kind. There are such big jokes between us and they are very tender with you. They are very nice. I don't know if it is just me but they are kind"

Staff treated people with kindness and courtesy. For example we observed a care staff saying gently to a person when they roused them "Hello it's breakfast time. How are you feeling?" before they offered them some food. When a person was helped to be moved by hoisting staff told the person what was going to happen and provided reassurance they were being safely supported. This helped to calm them.

People had their interests and needs recorded as part of the care planning process. One visitor said of the staff "They do try" referring to staff providing opportunities for their relative to take part in activities that interested them. They praised the activity coordinator. We observed the activity coordinator regularly came to have a chat with people who stayed in their room.

Staff knew people's likes and dislikes For example, one person said they were a tea drinker and staff knew this. Staff observed people's dietary preferences. One person said for example "I like scrambled eggs. They know that" and we observed them having this during our visits.

Staff had followed advice of health care professionals. For example they had raised up a person's bed so they could see out of the window which meant their quality of life had improved.

During interviews staff were asked about confidentiality to help to ensure they understood the importance of this.

Staff liked the people they were supporting and spoke warmly about them. One staff said for example "They are my grandparents".

Some people had shared rooms We discussed the particular circumstances of two people who shared a room with staff as we felt this could compromise aspects in the quality of their life. Staff took immediate action to ensure the people concerned had single rooms so they could be assured more privacy and dignity.

## Is the service responsive?

### Our findings

At our last inspection we said the service needed to improve as staff needed more consistent guidance to ensure people's care and medical needs were being consistently met. Some people also told us there was not always enough to do.

At this inspection we found some improvements had been made in terms of staff guidance but further work was still needed to ensure staff were provided with consistent information about people's care and treatment needs.

Information about people's health and care needs and any recent changes was provided to staff in verbal and written form. Verbal information was provided by means of a handover which happened at the start of each shift. Staff discussed how each person had been during the previous shift and alerted staff on the next shift to any changes in people's needs. For example one person had not drunk very much and so staff were told they should pay particular attention to encourage them to do this. Any person who was unwell was also highlighted for particular attention. The handovers were well attended and information given was clear. We were assured staff received verbal information which helped to ensure people's changing health care needs were being addressed on a daily basis.

Written information was sometimes contradictory and therefore was less clear. Written handover sheets had not always been updated to reflect people's changing needs for example those at high risk of physical harm. Whereas regular staff were aware of these issues new or agency staff may not have been. We discussed this with senior staff who said they would improve on this.

People in the service had written plans of care. A care plan is a plan developed by staff, about the person and where appropriate their family and contains information about people's health, their lifestyle and their options for treatment or care.

Since our last visit a lot of work had been undertaken to improve the quality of information provided in people's care plans. However there were still improvements to be made to ensure the service was always responsive rather than reactive to people's care needs. People's care plans did not always contain consistent information.

An area of improvement identified was the care planning for people new to the service. This needed to be more detailed to ensure staff had a good understanding of people's care and treatment needs. We checked the records for one person who had recently been admitted to the service. Staff had access to their hospital discharge summary but this information was basic and did not include more details about people's preferred and required care in terms of their treatment and support. Since they had arrived at St John's some information had been gathered to guide staff about their needs. However there were gaps, for example their personal hygiene care plan had not been completed and so staff did not have written guidance about what the person's preferences in terms of their bathing, what could do for themselves and what they needed support with. Allergies to medicines such as those given when a person had an infection had not been included on the medicine administration record for the person. This put the person at risk of receiving inappropriate medicines if they became unwell. Staff took immediate action to rectify this during

our visit and records were updated.

People and their families were involved in the planning of their care, and although information in care plans was regularly reviewed inaccuracies and changes in people's needs were not always made. This meant written information was not always accurate. For example it was not clear whether a resident was a type 1 or type 2 diabetic from their records as both had been recorded. This did not give a clear indication whether the person had diabetes controlled by diet alone or whether they needed insulin as well to assist them to control their blood sugar levels. Another record described how staff should assist with a person's continence but this was not accurate when we discussed with staff the way in which they managed this. Managers at the service were aware and were working to improve on this.

The service had improved guidance to help to ensure staff provided pain relief consistently when this was needed. They did this by using a validated pain assessment tool when people were unable to say they were in pain themselves.

People had more to do or had more opportunities for activities.

A big improvement to the service was the employment of an activity coordinator since our last inspection. People who chose to spend their time in their rooms had more individual attention. There continued to be some organised activities and people in the upstairs lounge had more access to group activities.

A number of people who were at the home were living with dementia. We discussed with staff that the decor was anonymous, with no bright patches of colour or displays by residents to give a personalised feel. People's doors just had numbers on them and no individual features such as photographs or a memory box. People at the home could not see the time easily and they did not know the day or date because this was not clearly displayed. We discussed this with senior staff who said they planned to make changes to the environment including making it friendlier for people living with dementia for example by having a sensory area in one of the communal areas.

The person's observations had not been completed on admission, No blood pressure, temperature or respiration levels had been recorded. As the person had been admitted from hospital a base line would be good practice. Staff did carry this out immediately.

A record was kept of complaints and this showed that complaints were responded to in line with the services complaints policy and procedure.

People we asked said they would complain if they needed to. Relatives surveyed in 2016 said issues raised had been promptly dealt with.

## Is the service well-led?

### Our findings

At our last inspection we said although there were systems in place to assess the quality of the service they were ineffective in driving improvement. The ineffective quality assurance systems were an on-going breach of Regulation 17 of the Health and Social Care Act 2008 and we took enforcement action by issuing a warning notice to the service.

At this inspection quality assurance systems had improved. The management team were aware of the improvements still needed. They had taken action to improve the quality of the service people received and this was reflected in people's view about the quality of the service they received. We saw the service had taken action to improve for example they had validated pain assessments in place and people were offered drinks more regularly. These improvements helped to ensure people were pain free and were less at risk of dehydration.

The provider said the atmosphere in the home had changed for the better and the service had employed a lot of new staff. Visitors agreed for example one regular visitor said "so far so good." Staff also agreed positive changes had been made to the service and said morale was generally good. Staff said "we are seeing the light at the end of the tunnel" and described how the service had employed. "Lots of new staff who are really good". A representative comment from staff was "The atmosphere is better, teamwork is better and communication is better. It's lovely walking in."

Since our last inspection the management of the home had changed. The service was in the process of applying to register two managers who were currently running St John's with support from senior nurses. Staff told us the management team was good, they listened and between them they provided competent and approachable management. This was confirmed in a recent internal staff survey where staff felt they had sufficient support. Good staff performance was recognised by an employee of the month award.

The management team involved people and their families in the planning of their care and support. People and their relatives were encouraged to take part in the development and running of the home. There were relative meetings. The most recent one was in October 2106 where for example people's reviews of care were discussed in general terms and relatives were encouraged to take part to add their views about the care and support their family members needed. There were also regular internal audits of paperwork such as care plans. However these were not always updated appropriately to reflect people's changing needs. Other health and safety audits were in place and were regularly undertaken to ensure environmental risks were minimised.

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 11 HSCA RA Regulations 2014 Need for consent  Care and treatment of service users must only be provided with the consent of the relevant person
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Sufficient numbers of suitably qualified , competent , skilled and experienced persons must be deployed to meet people's needs.