

St Johns Nursing Home Limited

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Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Overall summary

We carried out an unannounced comprehensive inspection of this service on 26 & 27 November 2014. Breaches of legal requirements were found. This was because records relating to people's mental capacity were not always completed or clear. We did not see why decisions had been made and why it was in the person's best interests to make these decisions. Some people who lacked capacity received covert medicine. Covert is the term used when medicine is administered in a disguised way without the knowledge or consent of the person receiving them. When we looked at people's care records we did not always see that a mental capacity assessment had been completed in respect of people's covert medicines. Staff clearly explained how they gave people their covert medication, but we did not find this guidance recorded in people's care records. Staff told us they had consulted with the pharmacist for their advice and

agreement but this was not always recorded. Recording this information was necessary because adding certain medicines to food or drink can alter the way they work or how they affect people.

We also were concerned that not all staff had completed their refresher mandatory training and some staff may not have had the appropriate training or skills to deliver safe and appropriate care to people.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach. We undertook a focused inspection on 9 June 2015 to check that they had followed their plan and to confirm that they now met legal requirements.

Summary of findings

This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'St Johns Nursing Home Ltd' on our website at www.cqc.org.uk.

St Johns Nursing Home provides nursing care and support for up to 45 older people, some of whom are living with dementia. The service had a registered manager and they had been in post since 2007. 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 our focused inspection on 9 June 2015, we found that the provider had followed their plan and legal requirements had been met.

People identified as requiring covert medicine now had written information in their care records giving details about why this decision had been made, what needed to be considered for example could any other less restrictive action be taken, how the medicine should be given safely and who was involved in the decision making process for example the GP, the lead nurse and pharmacist.

Improvements had been made in staff training and most staff had received some refresher training since our last inspection. A schedule of training was due to be finished by the end of the summer 2015 as some staff still needed to complete their mandatory training. The manager was working on ways to identify staff training needs and keep staff training up to date in the future. We will look at staff training again in detail during our next inspection.

Summary of findings

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. We found that action had been taken to improve the safety of this service. People who were receiving covert medicine had written information in their care records relating to the decisions made regarding their capacity and the safety aspects involved in the administration of covert medicine. This included involvement from other healthcare professionals such as GP's and pharmacists.

Good



Is the service effective?

We found that action had been taken to improve the effectiveness of this service. Many staff had attended their mandatory refresher training and the service had begun a schedule of staff training due to be completed by the end of summer 2015.

Improvements had been made in how the service made decisions and recorded information in relation to people's mental capacity and best interest decisions.

We have not improved the rating for effective from "requires improvement" because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires improvement



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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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced focused inspection of St Johns Nursing Home on 9 June 2015. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 26 and 27 November 2014

had been made. We inspected the service against two of the five questions we ask about services: is the service safe, is the service effective. This is because the service was not meeting legal requirements in relation to these questions.

The inspection was undertaken by one inspector.

Before our inspection we reviewed the information we held about the home, this included the provider's action plan, which set out the action they would take to meet legal requirements.

At the visit to the home we spoke with one person, two staff members, the deputy manager, the registered manager and the provider. We looked at three people's care records and the training records for staff.

Is the service safe?

Our findings

At our comprehensive inspection of St Johns Nursing Home on 26 & 27 November 2014 we were concerned about some people who were receiving covert medicines. Covert is the term used when medicine is administered in a disguised way without the knowledge or consent of the person receiving them. Records contained a 'medicines agreement' with reasons for administering covert medicine and the signatures of the GP and nurse who had made the decision. However, when we looked at people's care records we did not always see that a mental capacity assessment had been completed in respect of people's covert medicines. Staff clearly explained how they gave people their covert medication, but we did not find this guidance recorded in people's care records. Staff told us they had consulted with the pharmacist for their advice and agreement but this was not always recorded. Recording this information was necessary because adding certain medicines to food or drink can alter the way they work or how they affect people.

We recommended that the provider should consult The National Institute for Health and Clinical Excellence (NICE)

Guidance on Managing Medicines in Care Homes for covert medicines. The lack of mental capacity assessments was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010 this breach was fully explained under the 'effective' heading of our comprehensive report.

At our focused inspection on 9 June 2015 we found that improvements had been made. People identified as requiring covert medicine now had written information in their care records detailing how the decision was made, aspects to be taken into consideration, what other alternatives were considered, how medicine should be given and who was involved in the decision making process.

In the records we viewed the GP, the lead nurse and pharmacist had been involved in the decision making process and where relevant the persons friends or relatives. Separate mental capacity assessments had been completed in respect of people's covert medicine and there was some evidence of best interest meetings as having taking place.

Is the service effective?

Our findings

At our comprehensive inspection of St Johns Nursing Home on 26 and 27 November 2014 we were concerned that not all staff had completed their refresher mandatory training and some staff may not have had the appropriate training or skills to deliver safe and appropriate care to people. This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010.

We also found that where people's records contained mental capacity assessments, it was not always clear if they lacked capacity or not, as this section had not been completed. We did not always see the recorded rationale behind some of the decisions made in a person's best interests. For example, there were no mental capacity assessments or evidence of best interest's decisions regarding people's covert medicines. Although there was evidence of GP and nurse involvement the reasons why the decisions had been made and date the decision was due to be reviewed had not been recorded. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010.

At our focused inspection on 9 June 2015 we found improvements had been made to staff training, we saw the central records kept by the service that identified staff training that was required. Since our last inspection the majority of staff had refreshed their moving and handling, infection control, food hygiene, health and safety and fire awareness training. However, we noted there were still staff who had not received any training. Records showed these staff were relatively new to the service, however, we discussed our concerns with the manager. We were told all mandatory training would be completed by all staff by the

end of the summer 2015 and the manager was in discussion with an independent training provider to complete this task and to help identify future training needs for staff. We will look at staff training again in detail during our next inspection.

We looked at people's care records and noted where people lacked capacity a mental capacity assessment had taken place. Separate assessments had been made for people where their liberty may be deprived, for example, with the use of bed rails, key pad door entry or covert medicine. We saw people's mental capacity assessments contained more detail about the decision making process and noted who had been involved for example the GP, the nurse in charge, pharmacists and relatives. Notes had been made of meetings held in peoples best interests but were not always detailed and dates of review were not always clear.

We saw the service had made several Deprivation of Liberty Safeguards (DoLS) applications to the local authority and these were awaiting a decision. The manager told us they had been working closely with the local authority and had learnt a lot but admitted there was still more to do. Some staff had received training in Mental Capacity Act (MCA) and DoLS and we saw information concerning these subjects had been discussed at staff meetings and was available on the notice board in the staff room. We will look at how the service has embedded the MCA and DoLS within its working practices at our next full inspection.

We have not improved the rating for effective from "requires improvement" because to do so requires consistent good practice over time. We will check the progress of the service in these areas during our next planned comprehensive inspection.