Care Quality Commission

Sanctuary Care Limited

St Johns House

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

St Johns House provides care for up to 23 people. At the time of our inspection there were 21 people at the home, some of whom were living with dementia.

The inspection took place on 30 July and 3 August 2015. Our first visit was unannounced and we told the manager when our second visit would take place. Our last inspection was on 29 April 2014, when we found the home was meeting the regulations inspected.

The home has a registered manager as required. 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 one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The visitors' book was not maintained as an accurate record and this could have presented risks to visitors' safety in an emergency. You can see what action we have told the provider to take at the back of the full version of this report.

Summary of findings

People and their relatives felt the home was safe and they were looked after well. Staff were knowledgeable about safeguarding people from abuse and knew the action to take if they felt they were at risk.

People received their prescribed medicines when they needed them and they were supported to maintain good health. Risks associated with people's health and care needs were assessed and plans put in place to manage them.

There were enough staff to look after people well. Staff liked their work and they were trained and supported to do their jobs well.

People enjoyed their meals and they were given two choices of food to suit their tastes and needs. People were supported with their meals when they needed help.

The manager and staff understood their responsibility under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

The staff were caring, kind and respectful to people. People were relaxed and comfortable with staff and enjoyed their company.

People and their relatives contributed to assessments and care plans.

The provider had systems to check that the quality of care people received met their standards and plans were put in place to make improvements when necessary. Staff had confidence in the management of the home and their views were listened to. Records were well maintained.

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?

Requires Improvement

One aspect of the service required improvement to be safe. The visitors' book was not maintained as an accurate record and this could have presented risks to visitors in an emergency.

Medicines were managed safely and people received them when required. Staff were knowledgeable about safeguarding people from abuse and the action to take if they felt they were at risk.

The risks associated with people's health and care needs were assessed and plans put in place to manage them.

There were enough staff to provide safe care for the people who lived at the home.

Is the service effective?

Good

The service was effective. Staff were supported and trained to do their jobs well. People were offered choices at mealtimes and assistance when they needed it.

The manager and staff knew their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported to have contact with healthcare professionals.

Is the service caring?

Good

The service was caring. Staff treated people kindly, with patience and respect.

People's privacy and dignity were respected.

Staff supported people to maintain their relationships and friendships in the home.

Is the service responsive?

Good

The service was responsive. People and their relatives contributed to the care plans so their views were recorded. Care plans were reviewed when their needs changed, for example after a period of ill health.

Activities were provided which people enjoyed. An activity coordinator post had been recruited to and it was anticipated this would allow the activity programme to be developed.

People and relatives knew how to complain and felt confident to do so. They were able to give their opinions in surveys and meetings.

Summary of findings

Is the service well-led?

Good

The service well led. The provider had told us about incidents about which notifications must be made.

Staff were confident in the manager and found her approachable. There were systems to ensure good communication amongst the staff team.

There was a range of audits and checks to make sure the home was meeting the provider's standards. The manager took action in response to recommendations made in the audits.

St Johns House

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 30 July and 3rd August 2015. The inspection was carried out by one inspector.

We reviewed the information we held about the home and the notifications we had received. A notification is information about important events which the home is required to send us by law.

While we were at the home we undertook general observations in communal areas and during a meal time. We spoke with seven people living in the home and with six visitors. We spoke with five staff members including the registered manager, a team leader and care staff and we met with the regional manager.

We contacted three health and social care professionals involved in the care provided to people at the service and received feedback from one. We also met and spoke with a healthcare professional during one of our visits. We viewed personal care and support records for four people. We looked at other records relating to the management of the service including accident and incident forms, complaints records and audit reports. The registered manager sent us, at our request, information about staff recruitment and training after our visits.

Requires Improvement

Is the service safe?

Our findings

The visitors' book was not consistently used as an accurate record of people visiting the home. We were not offered the visitors' book to sign on our visits to the home and had to request the book at the end of our second visit (3 August 2015). We saw that no one had signed the book to confirm their visit since 28 July 2015 despite several visitors being in the home on both of the days we visited. Since the inspection the registered manager informed us that visitors are now asked to sign the book. A formal record of visitors is required so there is a record of who is on the premises. In emergencies, such as a fire, the book would be required to ensure the safe evacuation of everyone in the building. People and visitors could be at risk if the visitors' book is not maintained as emergency services would not have an accurate record of people who needed to be evacuated.

This is a breach of Regulation 17(1) (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

A person who lived at the home said "I feel safe in here." A relative said that he felt the people who lived at St Johns House were "in completely safe hands."

Staff had been trained in safeguarding issues and knew the action to take in the event of concerns about harm to people. Staff felt confident that if they told senior staff about their concern they would take the appropriate action prevent harm. The registered manager had made reports to the local authority and cooperated with their enquiries. Staff were aware of the provider's whistleblowing procedure and understood when it should be used.

There were enough staff available to assist people with their needs. The rota was arranged so there were more staff on duty in the busy periods of the day. For example there were more staff available in the mornings when people needed help to rise from bed and get ready for the day. Bank staff were available to provide help when there were staff absences though annual leave or sickness. The bank staff worked at St Johns House regularly and were familiar to and with the people and their needs; this helped them to provide people with consistent care.

People were assisted to manage conditions which could have put them at risk of harm. Staff assessed the risks to people's health and safety which came from their health conditions and wrote plans to manage them. For example, people at risk of developing pressure ulcers were assisted to change position regularly and relieve pressure on areas of their body. The risk assessments were reviewed at least monthly so they reflected people's current conditions and any changes to the person's care plans were made as necessary.

People who were assisted with medicines received them safely as prescribed. A person living at the home told us "I get my tablets when I need them." Medicines were stored securely. The manager and senior staff made regular checks to ensure people had received their medicines correctly and that records were correct. Staff were knowledgeable about people's medicines. They had completed medicines administration records (MAR) appropriately. The MAR showed people had received their medicines as they were prescribed. Trained and competent staff were responsible for assisting with medicines.

Checks were made of fire safety equipment to ensure it was in working order and fire drills were conducted every six months. People's needs in the event of an emergency had been assessed and they each had a 'personal emergency evacuation plan' which described the assistance they would require to leave the building safely. There were regular checks of the fire systems and on each shift a member of staff was designated at the fire warden.

People were cared for by staff whose suitability for their roles was checked through safe recruitment processes. Appointments to posts were made dependent on receiving suitable references and checks, including police checks to make sure they were suitable. A person who had been appointed to a post shortly before our visit could not begin work at the home until the checks had been received.

Good

Is the service effective?

Our findings

Staff had completed training relevant to the needs of the people living at the home and refresher courses were arranged so they had up to date information to assist them with their roles. including dementia in care, nutrition and hydration, communication and sensory loss and care plan training. They had also completed a range of health and safety courses including safe moving and handling, food safety and infection control. Staff had received training in fire safety and refresher training in first aid was arranged for September 2015. Staff said they found the training helpful for their jobs.

The provider had systems to support staff in their work. All staff received regular supervision and an annual appraisal. These processes allowed senior colleagues to assess staff performance, training needs and areas for development. Staff said they felt supported and were able to talk with senior staff and the registered manager if they had concerns or needed advice. Staff meetings took place regularly and provided a forum for support and discussion.

People's needs were met by the meals provided. Staff assessed people's needs in relation to their nutrition including dietary needs relating to their health, culture and religion. The catering staff were informed of these assessments and they took account of them in the preparation of meals. For example, meals were prepared taking into account the needs of people who had diabetes. A person's care plan regarding their mealtimes showed that the person's needs had increased and they now required individual support and encouragement to complete meals. We observed this was provided during our visits. We saw people were offered a choice of drinks and people had a drink available to them at all times. People were offered choices at mealtimes. We saw staff and the chef talking with people and offering alternative meals if they did not like the options available.

Staff provided people with enough to eat and drink throughout the day. One person told us they often do not eat very much but staff "always make sure I eat enough." The feedback we received about the meals provided was positive. One person described their lunch on a day we visited as "very good, as always". A visitor told us "the food's really good" and said their relative enjoyed the meals.

Staff had been trained in the requirements of the Mental Capacity Act 2005 (MCA) and in the Deprivation of Liberty Safeguards (DoLS). The manager had applied for additional training to be provided to ensure staff were confident in applying the principles of the MCA and DoLS. Staff showed that they understood that people's liberty could not be deprived without authorisation. Applications had been made to the safeguarding authorities restrict the liberty of four people living at the service under DoLS, and the outcome was awaited.

Care records included information about people's health needs and how they were to be met. For example we saw on one record that a person had been assessed for their needs in relation to pressure care. The staff had sought advice from health professionals about this and were observing the guidance they gave. Professionals told us the staff took notice of people's skin condition and "they don't wait for [the skin] to break down" and said they took preventive action to ensure their condition did not deteriorate.

Good

Is the service caring?

Our findings

A person who lived at the home described the staff as "very kind". Another person said staff were "good people" and said "we are looked after very well". Another person said they had lived at St John's House for a long time and always found it very good, they said "It is a lovely home, wonderful." A relative described staff as "very nice and caring." Another relative said they felt this approach was shared by staff at all levels in the home, and described them as "helpful, considerate and kind."

A professional we talked with said "They [staff] treat people very nicely." Another professional told us they found the staff "caring" towards the people living at the home and felt this aspect of the home was "very good".

We saw staff treating people with kindness and warmth. People looked relaxed and comfortable while talking with staff and they smiled together. Staff listened carefully and made sure they understood what the person was saying and responded to them. The staff were calm, had a gentle approach and their tones of voice were kind.

Visitors told us they were always informed if their relative was unwell and one person said the staff "went way beyond what you would expect." They said that when their relative had to spend time in hospital recently, the staff from St Johns House were particularly caring. Staff often visited the person, especially to assist with meals when relatives were unable to visit, to make sure they had enough to eat.

Visitors whose relatives had lived at the home for a long time told us that they were pleased that the staff knew their relatives well; this helped them feel confident in the care they provided. The majority of the staff team had worked at the home for more than a year and had got to know people's preferences and communication methods over the time. One relative told us they felt this gave the home a "nice family atmosphere" that their relative responded well to.

Staff treated people with respect and called them their preferred names. A member of staff described how they protected people's privacy and dignity. They ensured doors and curtains were closed and were respectful when assisting people with personal care tasks. They showed understanding of people's feelings and commitment to maintaining their privacy and dignity when they talked with us about their work.

The home supported people to maintain their relationships and friendships among the people who lived in the home. For example people sat together at meals and in the communal areas if they wished to do so and had bedrooms on the same floor of the home.

Good

Is the service responsive?

Our findings

People or their relatives gave their views to be included in assessments and care planning. We saw information from a relative that described the clothes a person liked to wear and noted during our visits that the person was dressed as they preferred. Relatives had written information about people's life histories in their care records so that staff knew about their backgrounds and previous achievements. All of the staff were encouraged to engage with people.

Care plans were reviewed regularly and reflected changes in people's care needs and advice given by healthcare professionals. A person's care plan changed after a recent period of ill health and advice given by specialists was included in records. For example staff followed the advice of a speech and language therapist to give a person a puréed diet and individual assistance with meals. Staff provided opportunities for people to be as independent as possible in their care. For example people were encouraged to do as much as possible when getting ready for the day, such as using a flannel to wash and comb their own hair so they maintained their skills.

A visitor told us their relative's condition was reassessed after they had a period of ill health and the instructions given by health professionals were followed. For example the person was provided with meals of a consistency recommended by a speech and language therapist. The staff monitored the amount the person ate and gave individual support at mealtimes to encourage them to eat enough.

People and staff told us the activities provided included games of quoits, bingo and a game of ball which had questions printed on to prompt conversations. One person regularly played draughts with a visitor. We saw three people joining in household activities. One person laid the table at mealtimes and it was a task that they enjoyed and was important to them. We saw two other people folding napkins for people to use at mealtimes. These activities helped people to be part of the daily life of the home. There were opportunities for singing and we saw one person enjoyed singing along with a CD of songs at lunchtime and the manager told us that a piano in the communal area was sometimes used for entertainment. A trip to Richmond Park was arranged in June 2015 which some of the people went on.

Most of the feedback we received about activities was positive although two people felt people would benefit if a wider range of activities was provided. A visitor told us "my [relative] used to like dancing and gardening but gets no chance to do these things any more, I am sure they could do it." They felt many people living at the home would benefit from more activities saying "I would like to see people more engaged." The manager anticipated that there would be more opportunity to develop the range of activities provided when the activity coordinator post began work.

At the time of our visits the activity co-ordinator post was vacant and recruitment was underway to the 12 hours a week post. On our second visit an arts and crafts worker was visiting and a group of nine people were joining in the activities they had arranged. It was planned they would provide activities twice a week until the activity co-ordinator began work and then once a week.

There were opportunities for people to express their spiritual needs. Religious representatives visited the home and held a service once a month staff identified people who particularly enjoyed this. One person was accompanied to a local church.

People's relatives and friends were asked their opinions of the home in annual surveys. A survey of people and relatives was conducted by the provider shortly before our inspection but the results had not been analysed at the time of our visits. During our first visit on 30th July we were told that a meeting for relatives had not been held for a long time as attendance was poor. We raised this as a concern as relatives need to have the opportunity to raise issues and be consulted about the running of the home. On our second visit we were told that letters had been sent to relatives to arrange a meeting the following week. A relative told us they were pleased to receive the invitation.

People had opportunities to give their views about the running of the home. Meetings were held for people living at St Johns House. The minutes showed at the most recent meeting in June 2015 the matters discussed included venues for a summer outing and plans for the home to take part in the National Care Homes Open Day. Other issues regularly discussed were the menu and information was given about staff changes.

Good

Is the service responsive?

People and their relatives knew how to complain and felt able to raise concerns with the manager and staff. The system for maintaining complaints records had changed and recent complaints included information that matters were resolved.

Good

Is the service well-led?

Our findings

The service was well led. The manager had told us about incidents about which notifications must be made.

The manager was experienced and had been registered as the manager at St Johns House for five years.

Staff told us the registered manager was approachable, and one said “you can talk to her if you have a problem” and another said “she’s really good”. They felt able to share their views with the team leaders and manager and felt they listened to them. A relative told us they felt confident in the management of the home and said “It’s a well-run place.”

The provider had introduced a system of daily meetings for the senior staff on duty, including the registered manager, senior care staff, the chef, housekeeper and maintenance staff. These meetings were designed to last for a short time for the senior staff to discuss immediate issues such as urgent concerns relating to people living at the home and staffing matters. The registered manager said they found these meetings helpful for ensuring effective communication amongst the senior team about urgent matters.

The provider had quality assurance systems in place to monitor the management of the home. The regional manager visited at least monthly to assess compliance with the provider’s standards. If areas for improvement were identified they made a report describing the areas requiring action and the manager put in place an improvement plan. One of the areas which was highlighted at the last visit was the need to record daily meetings between senior staff. We saw this action had been taken and records were accurately maintained.

The provider had established a system for registered managers to visit other care homes managed by the provider to carry out checks of the quality of care in the homes. These monitoring visits took place each month and included talking to people, relatives and staff and sampling documents.

The registered manager carried out internal audits of a range of matters including health and safety matters, infection control and medicines management.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17(1) (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance. The provider did not keep a record of people on the premises and this did not mitigate the risks relating to the safety and welfare of service users and others in an emergency.