

St John's Home

St John's Home

Inspection report

Wellingborough Road
Weston Favell
Northampton
Northamptonshire
NN3 3JF

Tel: 01604401243

Date of inspection visit:
10 February 2021

Date of publication:
16 March 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

St John's Home is a residential care home providing personal care for up to 50 people aged 65 and over. At the time of the inspection the service was supporting 28 people.

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

The management of risk and systems and processes to ensure effective oversight of the service required improvement. We found gaps in records and not all known risks had strategies in place or completed. Not all audits had been completed or actions put into place. Systems in place to identify when support and care was not delivered were not sufficient. For example, repositioning tasks were not consistently completed.

Staff had access to detailed care plans which identified people's like, dislikes, history and relationships important to them. The registered manager understood the assessable information standard to ensure people could understand information. People were supported by enough staff who knew them well and responded to their needs.

People were supported appropriately with their medicines. Staff received training on medicine administration.

People, relatives and staff were able to complain and understood the process. Staff were supported to raise and issues or suggestions to improve the service.

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 (published 10 January 2020)

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We received concerns in relation to infection control, personal protective equipment and staffing levels. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the

findings at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St John's Home on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to risks, oversight and record keeping at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

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 service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We were not able to speak with people who used the service due to COVID-19. We spoke to three relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager and care workers.

We reviewed a range of records. This included three people's care records and multiple 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 service, 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 now deteriorated to requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- Staff did not always record whether people ate and drank enough. For example, we found people's food records did not always evidence that food had been offered or taken for all meals. People who required their fluid monitored did not have the optimum amount calculated or the intake added up to ensure they met their target. This put people at risk of malnutrition or dehydration. The registered manager implemented a new system of recording food and fluid after the inspection.
- People who had identified risks regarding skin damage did not always have recorded checks in place. The records of repositioning tasks were not consistent and repositioning tasks were over the prescribed timeframe. This put people at risk of pressure damage.
- People who were at risk of weight loss did not have their weights taken monthly as per their care plan. The weights recorded for February 2020 showed significant weight loss for two people.
- People were not checked regularly throughout the night as per their care plans.
- Systems and processes in place to ensure bruises or injuries were identified and recorded required improvement. Body maps and records of monitoring injuries or bruises had not always been completed. We found one person's injuries had not been investigated.

The provider had failed to ensure all risks were assessed or managed and strategies to mitigate risks had been completed. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager made referrals to the local safeguarding team as required and completed investigations and actions as required.
- Staff received training on safeguarding and all staff we spoke to understood their role in identifying, reporting and recording any allegations or incidents of abuse.

Staffing and recruitment

- Not all staff files contained evidence of risk assessments being completed as required. We found staff files that evidenced not all staff had adequate references and staff member had started work before a completed Disclosure and Barring Service [DBS] check was completed. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- When agency staff were required the registered manager ensured they had received a profile for that staff member, which included their DBS status, a photo and the training they had completed.

- We found adequate staffing levels on the day of inspection, and rotas confirmed there were enough staff on shift. A staff member told us, "We have an appropriate staffing level and sometimes we have staffing above the needs of the home. I feel staffing levels are excellent."

Preventing and controlling infection

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. We found gaps within cleaning records, no evidence of equipment or weekend cleaning schedules and limited documentation of high touch areas being cleaned.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Using medicines safely

- Medicine administration was managed safely. People's medicine administration records were signed appropriately and when a medicine was not given a reason had been recorded.
- Staff responsible for administering people's medicines told us they received appropriate training, which was updated when required and staff knew what action to take if they made an error. Records we looked at confirmed this.

Learning lessons when things go wrong

- Accidents and falls were recorded, and trends and patterns were identified to support learning and to make changes as appropriate.

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 now deteriorated to requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems and processes to ensure effective oversight of the service required improvement. Not all areas had audits completed. For example, we found the registered manager did not audit call bell response times, water temperatures checks or cleaning records.
- The provider did not have sufficient systems in place to identify when support and care was not delivered. We found issues with the recording and oversight of food and fluid charts, pressure mattress checks, equipment checks, repositioning records and weight records. However, there was no evidence of harm to people.
- When audits were completed, they did not always contain the actions required to mitigate concerns found.

We found no evidence that people were harmed, however, the provider had failed to assess, monitor and improve the quality of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care plans included detailed information about people, their likes, dislikes, history and significant relationships.
- Audits completed on medicine management included any issues found and evidenced actions completed to rectify these issues.
- Relatives told us they felt the service was well managed and staff knew their relative well. One relative said, "[Registered manager] is accessible and staff have made an extra effort to get to know [person]."
- The registered manager submitted relevant statutory notifications to CQC promptly. This ensured we could effectively monitor the service between our inspections. When needed, the management team provided information to us to help with our enquiries into matters.

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

- Informal complaints had been appropriately recorded and managed. We saw no formal complaints had been made since 2016. Relatives told us they knew how to complain.
- The registered manager understood their responsibility under the duty of candour. The duty of candour

requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information.

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

- Relatives told us they were kept up to date with relevant information regarding their loved one. A relative said, "Would give them 10/10 they phone if there is an issue and if [person] needs anything."
- Staff told us they felt supported and could raise any concerns or suggestions. One staff member told us, "I feel 100% supported, they[managers] are always supportive. I look up to them as role models."
- Meetings and handovers were held with small staff groups to discuss any concerns, updates or information sharing.
- The provider sent out 'satisfaction surveys' to people, relatives and professionals to gain their feedback on the service. We saw an action plan completed for the last survey sent out in 2019.

Continuous learning and improving care; Working in partnership with others

- The registered manager was open to feedback and implemented changes immediately after the inspection.
- Staff worked with professionals from other agencies such as district nurses, speech and language therapists, GP's, and occupational therapists to ensure people received care that met their needs.
- Staff were supported and encouraged to complete additional training to improve their knowledge. One staff member told us, "Additional training is always offered and if we want to do anything extra, we ask and they arrange it."

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure all risks were assessed or managed and strategies to mitigate risks had been completed.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to assess, monitor and improve the quality of the service.</p>