

St John's Hospital

St John's Hospital

Inspection report

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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

This inspection took place on 10 October 2016 and was announced. The provider was given 48 hour notice because the location provides a domiciliary care service we needed to be sure that someone would be in the office.

St John's Hospital Bath provides care and support to people living independently in their own flats. On the day of our inspection support was being provided to 11 people.

At the last inspection of the service in 3 March 2014 we found the service was meeting the regulations.

The service had a registered manager in place. 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 and associated Regulations about how the service is run.

People told us they were happy with the care that was provided and that it met their needs. They told us staff treated them with kindness and respect. Where appropriate people were supported to have an adequate diet and have sufficient to eat and drink.

People's care plans were reviewed quarterly and more frequently if changes were required. Risks to people from receiving care were addressed as part of their care planning.

There were sufficient staff to provide care which met people's needs. Recruitment procedures were followed to ensure only people suitable to work with vulnerable people were employed.

Medication was administered safely and as prescribed. Medication audits were carried out and where discrepancies or omissions were identified action was taken to address the cause.

Staff were provided with regular training, supervision and appraisals. This meant that they had been provided with the skills required to meet people's needs. The manager met staff regularly to discuss their work performance and plan their training and development needs.

Staff were supported by the registered manager. They described an open, friendly, caring culture where they were able to raise any issues or concerns that they had.

The management team monitored quality and safety of the service regularly and action was taken to address any deficiencies that were found and to improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from abuse and avoidable harm by staff who had been trained and knew how to recognise and report concerns.

There were sufficient staff to meet peoples' needs and keep them safe.

Safe and effective recruitment practices were followed.

People's medicines were managed safely by staff who were properly trained to administer medication safely.

Is the service effective?

Good ●

The service was effective.

Staff were provided with effective training and support to ensure they had the necessary skills and knowledge to meet people's needs.

The service ensured that people received effective care that met their needs and wishes.

Is the service caring?

Good ●

The service was caring.

People were positive about the way in which care and support was provided.

Staff were knowledgeable about people's needs, preferences and personal circumstances.

People's privacy and dignity were respected.

Is the service responsive?

Good ●

The service was responsive.

People received consistent, personalised care and support and they had been involved in planning and reviewing their care.

People knew how to complain. There was an effective complaints procedure in place.

Is the service well-led?

Good ●

The service was well-led.

Staff were supported by the management of the service and described an open, friendly, caring culture where they were able to raise any issues or concerns they may have.

The quality and safety of the service was monitored regularly. Learning from incidents, accidents and complaints took place and appropriate action was taken to improve the service.

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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 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 10 October 2016 and was announced. The inspection was undertaken by one inspector.

Before the inspection, we reviewed all the information we held about the service. This included any statutory notifications that had been sent to us and information from the local authority. A notification is information about important events, which the provider is required to tell us about by law.

Before our inspections we usually ask the provider to send us provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider completed a PIR and returned it to us

We visited two people in their flats and spoke with two care staff. We visited the provider's office where we spoke with the registered manager, three people who used the service, four staff members and two people from the senior management team. We spent some time looking at documents and records that related to people's care and support and the management of the service. We reviewed four people's care records and the four staff records. We also looked at staff training records and other records relevant to the quality monitoring of the service.

We spoke on the telephone with four relatives after the visit to ask them for their views about the service. We also spoke with four medical, health and social care professionals involved with the service on the phone after the inspection to ask them for their views and feedback about the care and support people experienced and their views of the service.

Is the service safe?

Our findings

People who used the service and their relatives told us they felt safe from abuse from the staff of the service. People told us they felt safe and that staff understood their needs. One person said, "Yes I feel very safe, there are always staff around here and the security here is quite high". Another person told us "I am aware of abuse and can always talk to staff if I am concerned". One relative told us "Yes mum is safe here. They know mum very well They spend a lot of time with her". Staff we spoke with were aware of the processes to follow should they have concerns that someone who used the service had been the victim of, or was at risk of abuse. One staff member told us "It is our job to pick up something out of character with our residents. We report it straight away. We have a safeguarding policy to guide us as well".

Records showed that staff had received training in safeguarding vulnerable adults from abuse. Contact details for the local safeguarding authority and whistleblowing details were clearly displayed in the office. Staff told us these details were also displayed in the staff room to enable them to make a referral if someone was at risk of harm or abuse. One staff member told us, "We attend regular training on safeguarding and how to keep our residents safe and secure within the service."

Staff we spoke with demonstrated a good understanding of people's needs and the support required to promote their safety and wellbeing. One staff member told us "It is our role to know the residents well so we can protect them from risks".

Care staff were able to discuss risks individual people faced and measures put in place to mitigate these. For example, in areas such as the risk of falling or risk associated with moving and handling. Actions to mitigate the risks were in place to ensure people received care safely. We saw that risk assessments were appropriate and related to the individual using specialist equipment. We saw that risk assessment in a care plan contained information on how to deal with risk associated with a person's complex condition if they occurred.

The staff had made safeguarding referrals appropriately and worked with the local authority where required. Investigations into incidents has been thoroughly undertaken. Where action had been required as a result of an investigation we saw that this had been carried out. For example investigation recommended that a person keep a specialist equipment in their flat to keep them safe. We saw this was implemented.

People we spoke with told us that there were sufficient staff to meet their needs. They told us that care staff arrived at the agreed time. One person told us, "I don't need a lot of care. They arrive on time and they stay the agreed time and some times more. It is always good to have that feeling that staff are here. I look forward to them coming". Another person told us that if they needed to ring their emergency bell staff arrived in good time. Further comment included "Yes they quickly come. They don't waste time at all".

Staff also told us that there were sufficient staff to meet people's needs. One staff member told us "Yes, we have four staff in the morning, two staff in the afternoon and two staff at night. Staff are increased depending on people's care needs". One relative told us they felt that staff were well trained. They said "Yes

absolutely, staff look after my family member very well. They know their needs and they always write on the care notes what they have done. If there are any issues they make sure they report it".

We saw that the staffing rota was planned to meet the needs of people who use the service. Each member of care staff received a rota with their visits for the day. These had been planned by the service the week before to ensure that all calls were covered and that there were sufficient staff available to meet people's needs.

We saw that safe recruitment procedures were followed with appropriate checks made to ensure care staff were suitable to work with vulnerable people. This included Disclosure and Barring Service (DBS) check and obtaining suitable references. The DBS is a national agency that keeps records of criminal convictions.

Where people required support with their medicines this was managed effectively. People told us that they were satisfied with the support they received with the medicines. One person said "I am satisfied the way they do all my medication. They do them all safely. Staff told us, and records confirmed, that staff received training in the safe administration of medicines and that this training was updated annually. We checked the medicines and recording of medicines for the people we visited.

We saw that the amount of medicines tallied with the records and that records had been completed correctly. Medication administration records (MAR) were checked weekly by senior staff. Where any discrepancies were identified these had been addressed with an action plan to prevent recurrence. For example, the staff member involved attended an updated training on medicines administration.

Is the service effective?

Our findings

People we spoke with told us they felt staff were suitably trained to care for and support them. Comments included, "Yes they are very good at what they are doing. I can't fault them at all" and "Staff are definitely well trained to support people from what I can see". Staff members told us they had received appropriate training to meet the needs of people who used the service. One staff told us "I know how to support the residents and it is all down to the training I have received". A relative said that they believed staff had training and skills to meet the needs of their family member. "They are all brilliant"

Care staff who had been newly employed told us that they had been through an induction process to equip them with the skills they needed to provide effective care. This had included theory and practical sessions. They had then shadowed an experienced member of staff until they felt confident to deliver care on their own. One staff told us "I did five weeks induction training and shadowed a senior for four weeks. This can increase if one needs to carry on until they gain more confidence before working on their own". Other comments included "When I started here I had such fantastic training, I shadowed for three weeks and it helped me to have the confidence to support people on my own". Care staff who had worked for the service for a longer period of time told us that they received regular refresher training. Records we saw confirmed this had happened to ensure that staff were up to date in their practice.

Training staff had undertaken included, food hygiene, care and support training, dementia awareness, dealing with challenging behaviour, infection control and falls awareness. One staff member told us they had been encouraged to study some courses at college to help improve their writing skills. This had enabled them to achieve a diploma in health and social care. One staff member told us "They train you to go beyond where you are. It is fantastic". Another staff member said "Investing in staff maximises their skills and enables us to provide better care in line with the vision of the organisation". Other comments included "I have done the care certificate to help me provide better care for our residents". The care certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support.

Further comments included "The training we receive and the on- going training we get is brilliant, the investment they have put into staff is truly remarkable the visions that St. John's have for the future" and "I have completed all mandatory training but alongside of that I have done specialist dementia training and am now the 'dementia champion' within our team. I have also done medication competency training as well. Our manager has recently arranged for me to do managers qualification at the City of Bath College".

The registered manager told us that there was an online web portal that could be accessed by staff. This portal gave staff access to training, policies, development opportunities and other guidance. Staff confirmed to us that they were able to access the site to check for available training and updates.

We saw that care staff received regular supervision meetings and spot checks to ensure they maintained a good standard of care. Supervision meetings were structured and had supervision agenda to enable the supervisor and the staff member to focus on the important matters. This included matters such as training,

safeguarding and medication. We saw that where a supervision identified an issue that needed attention this was addressed, for example failure to attend training in a particular subject or failure to complete MAR charts properly. One staff told us "I receive supervision every six weeks and yearly appraisals to check how I am meeting my job expectations and if I have any training need".

The registered manager and staff members demonstrated a good knowledge of people's rights relating to legislation. For example, lasting power of attorney (LPA) and the different types including health and financial. They understood the need to obtain consent from the person holding the LPA.

Care staff we spoke with demonstrated an understanding of the Mental Capacity Act 2005 (MCA) as it related to care in a person's own home. 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. Records showed that the registered manager and care staff had received training in the MCA. We noted that one person had an alarm which alerted staff when they left their flat. We discussed this with the registered manager and the senior. We were satisfied that the person and their family had been consulted about the alarm and that the appropriate consent had been obtained. The consultation and consent had been fully recorded in the persons care plan and staff were fully aware.

The staff support people to prepare and have their meals. We saw that staff supported people with their meals to ensure that people received the appropriate food, for example where a person lived with diabetes. Staff told us in one person's care plan that it had been noted that they had lost weight and a referral to their GP and a dietician had been made. Staff had received training in nutrition and were able to explain how they encouraged people to follow a healthy diet. One staff member told us how they encouraged the people who used the service to eat together. They had coffee mornings weekly and fish and chip suppers weekly in the evenings on a certain day in the communal area. They told us it encouraged people together especially people who may have little appetite for food. One person who used the service told us "I absolutely love the idea, it encourages me to eat and I look forward to eat. .One person told us "I have readymade meals. They are delicious. I just put them in my fridge and staff put them in the microwave for me. Sometimes they prepare something different with my agreement which is fine too".

People told us they were supported to gain access to healthcare services. For example, on the day of our inspection we saw that staff called a person's GP for them as they were feeling unwell. One person told us "They usually help me to get a GP if I am not feeling well. They did this for me some time ago". All of the staff we spoke with were knowledgeable about people's individual health needs. They were able to describe in detail what each person they cared for needed and how they preferred to be supported.

Is the service caring?

Our findings

People we spoke with told us they were well cared for by staff. One person told us, "They (staff) are absolutely fantastic. They are bright and cheerful, very caring, very encouraging." Another person said "Staff treat me kindly like an adult, very caring. If there is a problem they react quickly. I am very happy". Relatives told us the staff were very kind and caring to their loved ones. Comments included "Staff are very kind and caring and extremely good. Very flexible in helping mum". Health and social care professionals also told us they felt that staff were caring to the people received the service at St John's Hospital. Their comments included "I found the staff incredibly caring." and "Staff are excellent and very helpful". Other comments from social care professional included, "They are very professional and provide a very excellent care that meets the emotional as well as the physical well-being of the people that live at St Johns". And "I have always found staff to be caring and I have witnessed care plans being amended appropriately all done to meet individuals changing needs".

Staff knew the people they cared and supported very well. They showed concern for people's wellbeing in a caring and meaningful way. For example we observed a staff member congratulating a person using the service for doing what they had not done before in relation to their personal care. The person was full of smiles and said "It is all down to you (Name of staff). I couldn't do it without you". One staff member told us "I am passionate about the people we support here. Person centred care is what we provide to people here. It is care that is tailored to their needs".

Staff told us they had plenty of time to read people's care plans and learn their needs before starting any care. For example, their likes, dislikes and the level of support required. The individuals we spoke with confirmed this. They also told us that they kept daily records which described the care provided to people. We saw this was recorded in the care plans. One person told us that they remember registered manager discussing what care they needed with them before they moved into their flat. One relative told us. I am always with my family member when they are developing the care plan".

The service operated a key worker scheme where each care worker was allocated a specific group of people to get to know better. Staff told us they knew the role of a key worker and told us that they took people out or lunch and shopping and sometimes just go out for a walk and have time to chat. One person who used the service said "I know my key worker. They are a real delight".

All of the people we spoke with told us that care staff treated them with dignity and respect. One person told us how staff paid particular attention to closing their curtains in their bedroom when providing with them with personal care. Staff told us "We have a dignity champion and we make sure that curtains drawn and doors are closed when supporting people with their personal care. We make sure they agree to whatever we would do for them to protect their rights. We have a dignity board displayed to remind us what dignity means to people who use our service". This showed staff were well supported to know how to treat people in a way that maintained dignity.

People told us that they were encouraged to be as independent as possible. For example, one person told

us "Staff encourage me to be as independent as I can be. I enjoy doing things for myself. It makes me more confident and raises my self-esteem".

Is the service responsive?

Our findings

People who used the service received care that met their individual needs, choices and preferences. People told us their needs were assessed before they started receiving care from the agency. "The manager came to discuss my needs before staff started coming to support me". People's care records showed that each person had an individual support plan which detailed what care they required on each visit. For example help with personal care or with taking their medicine. Personal preferences were also detailed in the support plan such as the preferred gender of the person providing care. People's needs were documented along with instructions for staff on how care and support was to be provided.

The support plan was reviewed quarterly with the involvement of a relative or social work professional if appropriate. Where changes in people's needs were identified these were documented and responded to. One person who used the service told us they now required a walking aid because their mobility need had increased.

Support plans were also reviewed more often if needed. For example, one person had spent a period in hospital. Their support plan had been reviewed prior to them returning home and additional equipment had been put in place to ensure they received their care appropriately. Where another person's care needs had reduced they told us the amount of support was adjusted accordingly as they were able to do more for them self.

People told us they were involved in developing their care plan. One person told us "We went though it together when I came out of hospital. My family members were also involved". One relative told us that the social services assessed their family member's needs before they the agency started providing them with care. They told us "St John said they can meet their needs".

Staff told us they read people's care plans to ensure that they were providing the care that had been planned. They told us that the personal history contained in the care planned assisted them to be aware of people as individuals and to provide care as the person preferred. One staff member told us "This would help us to provide people with a personalised care". One person told us "They can change the time for my care to what I preferred. I have a lie in on Saturday and Sunday because I get tired during the week so I asked for this and they changed the time to later". This demonstrated that the service was responsive to peoples' needs.

People were encouraged and supported to follow their interests and take part in social activities. One staff member told us they organised a get together weekly for people with a popular meals choice on a certain day that people enjoyed to reduce social isolation. One person told us "I go out quite regularly to the theatre. I like classical music I am very happy that I am supported to do that".

People were asked their views about the quality of the care they received as part of the annual review of their care. One person told us that at their recent review they had said that they were happy with the

service they received and had no concerns. One relative also told us they received questionnaires from the service and that they were satisfied with the care their family member was receiving.

People told us they had not had any reason to complain. However if they did they told us that they would have no hesitation in either speaking to a staff member or going to the office if they had any concerns. We saw that there was a complaints policy and procedure in place. Complaints had been investigated and recorded according to the policy. We saw that where an investigation into a complaint had shown that action could be taken to improve the service this had been taken. For example the service had received a complaint about an agency worker who made a person using the service feel uncomfortable with the way they attended to them. The agency was stopped from visiting St John's to support people. Another complaint was in relation to a staff member who was performance managed and subsequently dismissed.

Is the service well-led?

Our findings

The day to day running of the service was carried out by the registered manager who was supported by the senior management and senior staff members. Staff we spoke with were aware of the management structure and were complimentary about how it worked. One staff member told us "St. John's is a wonderful organisation to work for and I feel very well supported by the organisation and our chief executive. We have regular gatherings with all staff members of the organisation where information and organisational updates are shared".

People were very clear who to speak to if they had any concerns services. One person told us "I know the manager, she is approachable. I have no problems talking to her ".People told us the manager was kind and friendly and that they could talk to them at any time. We observed the registered manager interacting with people and we saw that people were relaxed and happy with them. People told us that they knew the staff that supported them well and were very happy with the service they received. One person told us "I am happy with the service I receive"

Relatives also told us they were satisfied with the service their family member received. "One comment was "Overall I am extremely happy". Other comments included "They meet my relative's needs and I am happy and have no concerns. However advice from the care staff should be consistent". We discussed this with the registered manager who assured us that they would ensure that this happened going forward.

Staff told us they felt able to approach the management team if they had any concerns. One staff member told us "I don't feel scared to go to the manager. It makes me want to go to work every day. She is very proactive and will listen to your concerns". Another staff member said "I feel valued. They have a reward system whereby they recognise staff for a job well done ".

We saw from records that care staff were encouraged to discuss any concerns during their regular supervision meetings. Staff said they had received regular supervision and that they attended regular staff meetings. They told us that they were able to put forward items for inclusion on the agenda at staff meetings. We saw that staff meetings were structured and included a discussion of a service policy, such as whistleblowing at each meeting. We saw that there was handover book for information to be handed over between shifts, This was to make sure staff received up to date information about the people they supported.

Staff told us they felt valued by the organisation. One staff member told us "I feel valued every day. They have a no blame culture and an open door policy." Another staff member told us "St. John's also organises away days for staff to get together and share news and stories in a more informal environment".

The registered manager told us they regularly updated their practice by using on line resources which include: CQC website skills for care, social care institute for excellence to study and research best practice in all areas to include Dignity, Mental Capacity, Induction, Culture, and Mental Health and share these with their team. They told us they also liaised with other local registered managers to share good practice and

discuss issues and challenges that could be faced within the industry.

The quality and safety of the service was monitored regularly. The registered manager described the system in place to record incidents and accidents when they occurred. The reports of such events were analysed to identify any emerging trends and areas of risk. In response to this information action plans were developed which described the action to remove the likelihood of such incidents re-occurring. Learning from complaints also took place with appropriate action taken to improve the service where necessary.