St John's Home

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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?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection was carried out on 8 May 2015 and was unannounced. Although St John's Home has been providing care for many years, the legal entity of the provider changed in April 2014, therefore the last inspection was carried out under the previous provider's name.

St John's Home provides care and support for up to 50 people, some of whom may experience memory loss associated with conditions such as dementia. At the time of our inspection there were 44 people living at the service.

There was a registered manager in post. 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.

There was enough staff on duty to meet people's needs. Staff had the knowledge and skills that they needed to support people. They received training and on-going support to enable them to understand people's diverse needs and work in ways that were safe and protected people.

Summary of findings

The provider understood their role in safeguarding vulnerable adults, staff aware of their roles and responsibilities in protecting people from and knew how to raise concerns, they were also aware of the provider's 'whistleblowing' procedures.

Staff had a good understanding of people's needs, wishes and preferences and were respectful and compassionate towards people. Wherever possible people were supported to make their own decisions about what they wanted to do and staff respected people's right to privacy so their dignity could be maintained.

Staff had received support from the registered manager to keep developing their skills and knowledge. They understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS), which meant they were working within the law to support people who may lack capacity to make their own decisions.

People were provided with a choice of nutritious meals. When necessary, people were given extra help to make sure that they had enough to eat and drink. People had access to a range of healthcare professionals when they required specialist help in order to maintain their health and well-being. We also found there were clear arrangements in place for ordering, storing, administering and disposing of medicines.

The management of the service was well established and provided consistent leadership. The provider had a system in place to make sure any complaints were responded to in a timely way. The provider and manager regularly monitored the quality of services provided, and when needed took action to improve the service.

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.

There were sufficient staffing levels to ensure that people were safe and that their needs were met.

Systems were in place to promote peoples' safety and they were protected from avoidable harm.

Risk was well managed and did not impact on peoples' rights or freedom.

There were systems in place to administer people's medicines safely.

Good

Is the service effective?
The service was effective.

People received care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities efficiently.

Staff sought consent from people before providing any care and were aware of the guidance and legislation required when people lacked capacity to provide consent.

People were supported to eat and drink enough and to maintain a varied and balanced diet.

People were supported to maintain their health, received on-going healthcare support and had access to NHS health care services.

Good

Is the service caring?
The service was caring.

Staff demonstrated good interpersonal skills when interacting with people.

People were involved in decisions about their care and there were sufficient staff to accommodate their wishes.

Peoples' privacy and dignity was maintained.

Good

Is the service responsive?
The service was responsive.

People were supported to maintain their links with family and friends and to follow their interests.

People were supported to maintain their equality and diversity.

Staff were aware of their roles and responsibilities in responding to concerns and complaints.

Good

Is the service well-led?
The service was well-led.

The management were well established and organized.

Good

St John's 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 8 May 2015. The inspection was unannounced and was undertaken by an inspector. Before the inspection, the provider completed a 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 returned the PIR and we took this into account when we made judgements in this report.

We also reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider and the local authority safeguarding team.

During our inspection we spoke with nine people who lived at the service, one relative and 12 staff including care, domestic and administrative staff and the registered manager. We also looked at records and charts relating to four people, five staff recruitment records and we observed the way that care was provided. We also spoke with two district nurses who were visiting from the GP practice.

We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

During and following our visit we spoke with two health care professionals and two social care professionals who undertook visits to the service for feedback on their view of the quality of services provided at St John's Home.

Good

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe living at the home. One person said, “I feel at home here” and another person told us “I am very well looked after”. One relative also told us that their relative was safe living at the home.

The provider understood their role in safeguarding vulnerable adults. People who used the service had been assessed for their ability to report any concerns to staff or relatives; where people were unable to raise their own concerns this was documented and staff had been made aware of their particular vulnerability. Staff had received training and guidance on safeguarding of vulnerable adults, when we spoke with staff they were aware of their roles and responsibilities in protecting people from harm and had raised previous concerns directly with the manager; they were also aware of the provider’s ‘whistleblowing’ procedures. The registered manager had raised safeguarding alerts with the local safeguarding team and had notified the Commission.

Peoples’ individual plans of care contained risk assessments to reduce and manage the risks to people’s safety; for example people had movement and handling risk assessments which provided staff with detailed instructions about how people were to be supported. People also had risk assessments in place to reduce and manage the risks of other complications such as pressure damage to the skin and falls.

The provider had a business continuity plan in any event that would disrupt the provision of care in the home. We saw that people had personal evacuation plans that provided carers with the relevant information on how to move people safely in an emergency.

There were appropriate processes in place to assure that staff recruited were suitable to carry out their roles. We saw that relevant checks had been completed prior to employment however there was scope to strengthen the associated record keeping. Staffing levels were maintained at an appropriate level; the provider monitored the needs of the people using the service and used the information to calculate the staffing levels. The service was well staffed and this was particularly evident in the dining area where staff were able to provide people with one to one support and spend time engaging with them on an individual basis. We observed that call bells were answered promptly, and two people told us that they did not have to wait too long for assistance when they used the call bells. Care staff were supported by a team of people including an activities co-ordinator, kitchen and domestic staff.

There were effective processes in place to ensure safe management of medicines. The deputy matron had taken responsibility for the management of medicines and ensured that the systems in place were robust, for example, there were timetables to demonstrate to all staff when medicines were ordered, booked in, destroyed and audited. The record keeping was accurate and easy to read. Checks on a sample of the medicine administration records demonstrated that people’s medicines had been given as prescribed.

Oxygen was managed safely. Where oxygen was in use, there were safe working practices in place, notices were on the bedroom doors alerting staff and emergency services to risks associated with oxygen cylinders and there was portable oxygen cylinders available in people’s rooms in the event that the compressed oxygen failed.

Good

Is the service effective?

Our findings

People received care from staff who had the knowledge and skill to meet their needs. New staff underwent an induction programme and a period of supervision, experienced staff told us they supported new staff to learn the skills and knowledge required to meet people's needs. Staff told us they felt supported to carry out their role. Experienced staff carried out supervisions as part of their on-going vocational training in management and leadership.

The provider had a staff training programme in place to enable staff to gain their skills and receive timely updates relating to current best practice in a range of care related subjects. We saw that induction and on-going training was tailored to meet the individual needs of the people using the service for example, falls prevention and communicating effectively. The provider had employed a training manager earlier in the year; which had led to the renewed concentration of training in mandatory skills such as manual handling. There was a notice displayed in the carers room that reminded staff when they were due to receive training. One member of staff told us "we are reminded to attend training…. there is a notice to tell us".

The registered manager was knowledgeable about the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS). They confirmed that there had been no applications for authorised deprivation of people's liberties (DoLS). We saw staff encouraging people who were living with a dementia to have their meals; one person was reluctant to eat. A member of staff told us "I have known them (the service user) a long time, I never force anything upon them, if they refuse I change the subject and try again in a little while". There was an effective system to manage accidents. When people had falls or other accidents they received prompt attention and were followed up at regular intervals in case of delayed signs of injury.

Peoples' human rights were protected because they were involved in making decisions about their care; for example where they liked to spend time during the day and what they wanted to eat. People and their relatives were involved in their yearly care reviews; for example one person's relative had access to their relative's computerised care plan to keep up to date with their care needs. Where people displayed behaviour that challenged others, we saw that staff were attentive to people's needs and supported them promptly and effectively when they became unsettled or distressed.

People's views were sought and their consent was obtained before any interventions were made; for example we observed care workers asking people if they would like to change their position and assisting them to move around or sit up in bed; their manner was kind and calm. One senior member of staff told us that they "were proud to work here [at the home] as all service users were treated with respect".

People could choose what they wanted to eat by completing a menu the day before. The food choices were varied and were served in the dining rooms. The food looked appetising and was presented nicely. People told us that the food was 'very good' and 'you get what you want.' The staff in the kitchen and care staff knew which people required a soft or pureed diet, fortified foods and people's likes and dislikes; they prepared people's meals to meet their needs. One person said us "They know how I like my tea". We observed that because one person did not like the fish on the menu, the kitchen staff had prepared fried egg instead.

People were weighed regularly according to their individual needs and their risk of not eating and drinking enough was regularly reviewed. Staff monitored people who were at risk by recording what they ate and drank and where necessary, referred people to the dietician. People had access to a dietician every month; the service employed a dietician who reviewed a third of the people every month, so that over a period of three months every person was reviewed for their nutritional needs.

Staff referred people to the GP or district nurse when they required medical intervention. There was effective communication between the district nurses and the registered and deputy managers about people's medical needs. The district nurse team visited the home daily to provide nursing care for those people who had on-going nursing needs.

People were provided with appropriate pressure relieving equipment and staff supported people with poor mobility to change their position regularly to reduce the risk of damage to the skin; we saw that adjustable levels of the pressure relieving mattresses were set to the needs of each

Good

Is the service effective?

person. Staff told us that they had sufficient and appropriate movement and handling equipment to safely assist people who were not able to mobilise independently. For example they had the hoists and individual slings in the correct sizes. The staff also told us that equipment was maintained in good working order and accident records showed that there were no accidents or injuries relating to the environment or equipment.

Good

Is the service caring?

Our findings

People were cared for by staff that were kind and compassionate towards them. All of the people we spoke with told us that staff were kind and concerned for their welfare. For example one person said “The staff are very kind.” Another person said “The staff are very good, I am very well looked after” A relative said “I am very happy with the care [my relative] gets, staff look out for their health and welfare”.

We witnessed several acts of kindness towards the people who lived at the home. For example one person could not communicate their needs, but staff knew what they liked to do, we saw that they provided their lunch in an area where they were comfortable and provided company whilst they ate. We observed that when one person became distressed; care staff were prompt to respond, comforted them and took time to understand the cause of their distress.

People felt listened to, respected and their views were acted upon. Staff ensured that people were able to choose to join their friendship groups for mealtimes and activities, and others chose to return to their rooms for peace and quiet. One person said “I prefer to sit quietly in private in my room in the afternoon.”

Staff were knowledgeable about individuals likes, dislikes and preferences at meal times and demonstrated this by providing people’s preferred food and drinks. Staff were knowledgeable about people’s life history and how they liked to spend their time, we observed staff talking to people about the subjects that they were particularly interested in, for example the daily newspapers, sport and family.

All groups of staff were skilled in communicating with people for whom they cared. Staff addressed people by their preferred name and used touch to engage and reassure people, and approached people from an angle they could be seen; they also approached people with smiling faces, provided good eye to eye contact and open body language. This provided people with a calm and contented environment; people were able to initiate contact with staff and other people who used the service.

People were involved in planning their care if they wanted to be and were able to make decisions about their care. The manager involved each person and their relatives in their care review. People were able to choose how to spend their time, whether to engage in the planned activities and make decisions about the personal care routines such as their times of rising and retiring to bed. People looked well cared for and were also supported to make decisions about their personal appearance, such as their choice of clothing.

Visiting times were flexible and people were able to choose whether to receive their visitors in the communal areas or in their own rooms. During the inspection we saw visitors coming and going freely. Peoples’ privacy and dignity was respected, staff knocked on people’s doors before entering their rooms and personal care was provided in the privacy of people’s rooms. There were several quiet areas where areas where people could be alone or receive their visitors in private if they wished.

Good

Is the service responsive?

Our findings

People were involved in setting up their plan of care on admission to the home. Care plans were reviewed with people regularly or when people's care needs changed. Staff remained aware of people's changing care needs through access to the computerised care plans and verbal handover between shifts. People had their individual needs assessed and plans of care that demonstrated that people were able to make decisions and choices in their daily lives.

The provider listened to people's views and experiences and acted accordingly. One person had been admitted to the home for a short period of respite care, they found that the room they were in was near the call bell system and the building work; they expressed their concern at the level of noise and the staff moved them to a different, quieter room. People had provided feedback to the manager that the call bell system was too noisy; we observed that this information had been discussed with the provider and a new call bell system was installed during the week prior to our inspection. The new call bell system alerted staff without a constant background noise. The new call bell system could also record which member of staff responded to the calls and record when people were checked overnight. Individual information about people's ability to use a call bell to summon assistance was contained in their individual plans of care to identify people who needed additional support from staff. Where people could not use the call bell, we observed that staff checked on them at regular intervals, and each time they walked past their room. We saw that staff were prompt in answering the call bells and respond to people's needs.

People were empowered to make decisions about their care and individual lifestyle. One person said "I go out whenever I like, I visit my own hairdresser that I have used for years." Another person said, "I get up in the morning when I want to, I always have my newspaper, I like to read it every day." People told us they were supported to follow their interests and engage in activities. Everyone who lived at the home had received their voting cards for the general election; those that had chosen to vote and had been assisted to return their postal vote. There were a number of activities that were provided regularly for example hangman, friendship and storytelling, music and movement and film screening. The activities co-ordinator told us that "People liked the routine as they liked to know what was coming up". We observed several people listening to music in the main sitting room, one person told us that they liked the activities that were provided. There were additional activities provided such as high tea and musicians, these were advertised on a chalk board outside the main sitting room and the staff informed people verbally. Some people did not like to join in group activities; they told us that they continued to pursue their own interests such as reading, sport and maintaining contact with friends.

The provider's complaints policy was on display within the home and contained the relevant contact details and timescales for acknowledgement and response. Staff were aware of their roles and responsibilities in listening to people's views and reporting any concerns through their managers. The complaint file showed that complaints were managed in line with the provider's policy, that robust investigations were conducted and that opportunities for development of the service and learning took place as a result of the findings, for example, one complaint led to building work to reposition showers.

People's individual plans of care contained clear information about the care they needed. For example care plans for three people provided staff with information on how to prevent the development of pressure ulcers. We asked staff about their knowledge of individual people's care needs; all the staff we spoke with knew the needs of the people they were caring for. We observed that people received care in line with their plan of care, for example when mobilising and at mealtimes. The charts and daily records demonstrated that staff recorded the care people received in line with people's plans of care.

Communication systems were well established; we saw that any changes to people's care needs or preferences were passed onto staff via computerised records and verbally between shifts. One member of staff told us "Any issues are promptly dealt with". Staff were allocated to work in areas in the home and had specific responsibilities such as topping up water jugs, bed linen changes and drinks and snack rounds; staff told us that this ensured that people in the home were looked after well. Communications within the service were also supported by regular meetings with the people who lived there and staff meetings.

Good

Is the service well-led?

Our findings

People told us they thought the service was well run and that they had regular contact with the registered manager. One person said "There is a good rapport between all of the staff".

The service has a registered manager who had been in post since January 2011, this provided people who used the service and the staff with stable management. The registered manager had appointed a team of knowledgeable and effective senior staff that promoted a culture of openness; staff could share their views or raise any concerns with senior staff directly. Senior staff had open access to the manager who represented the staff at the provider's monthly meetings. Staff told us "I am proud of our team" and another member of staff told us "It's a brilliant place, service users are treated with respect, I am proud to work here".

The home was well organised and staff knew what was expected of them; staff told us that the manager knew the individual needs of all of the people living there. They described the manager as 'very supportive' and said they were able to ask her advice and were always assisted in their work place decisions.

The registered manager ensured that the Care Quality Commission (CQC) registration requirements were implemented and we were notified about events that happened in the service; such as accidents and incidents and other events that affected the running of the service. Overall the safeguarding recording process needed strengthening as safeguarding alerts were filed in individual's files and not readily accessible.

There had been monthly residents' and relatives' meetings where people could feedback about the service. The meetings were well advertised and held at times when people would be available. We saw evidence that people's suggestions for activities over holiday periods had been taken up.

The registered manager also sought the views of people who lived at the service and staff to identify potential improvements to the service. Feedback was attained during day to day contact, for example one person wanted to mend their own door handle, the manager facilitated this by supplying tools and the support of the maintenance staff; a member of staff had suggested the use of smaller water jugs to make it easier for people to pour their own water. The provider also asked for feedback during care reviews, and they had conducted an annual survey to obtain the views of the people who used the service. A survey conducted in March 2015 showed a good level of satisfaction with 96% of the respondents stating they were happy at the home. One person said "If I had any issues I would speak to the manager as she would make sure that it was dealt with."

There were quality assurance systems in place that assured the provider that equipment, health and safety and cleanliness of the home was being maintained. We saw that where an audit had identified a problem that this had been allocated to a member of staff to rectify and followed up at the next audit. Other regular internal audits were conducted such as the analysis of accidents records to identify risk factors and trends; the management of medicines, infection control, health and safety, health and safety and staff training.

The provider appointed a board of trustees to oversee the running of the home; they visited the home monthly and had regular meetings with the manager and the finance administrator to discuss all aspects of the service. The board of trustees included local people with professional skills such as an accountant, and a solicitor who used to advise and prosecute on behalf of the Health & Safety Executive.

The board of trustees reviewed the results of audits relating to a range of service related aspects from the registered manager at the monthly meetings. The provider monitored any complaints received and their progress towards resolution and any changes to care practice as a result, for example, the installation of a new lift, the repositioning of the showers and a new call bell system.