

St Johns Wood Care Centre

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Inspection report

48 Boundary Road
St John's Wood
London
NW8 0HT

Tel: 020 7644 2930

Website: www.lifestylecare.co.uk/#

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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

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 and to pilot a new inspection process being introduced by CQC which looked at the overall quality of the service.

We undertook an unannounced inspection of St John's Wood Care Centre on 8 August 2014. St John's Wood Care Centre is a home in Camden providing residential and

nursing care for up to 100 people. The people who use the service have a variety of care needs. The service supports older people, who may have dementia, as well as people with learning and physical disabilities.

At our last inspection on 7 March 2013 the service met the regulations inspected.

The service had a registered manager who had been in post since December 2010. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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.

Safeguarding adults from abuse procedures were robust and staff understood how to safeguard the people they supported. Managers and staff had received training on safeguarding adults, the Deprivation of Liberty Safeguards and the Mental Capacity Act 2005. Medicines were being managed safely.

People were supported to eat and drink. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

Assessments were undertaken to identify people's health and support needs and any risks to people who used the

service and others. Plans were in place to reduce the risks identified. Care plans were developed with people who used the service to identify how they wished to be supported.

People were treated with dignity and respect. Staff understood people's preferences, likes and dislikes regarding their care and support needs.

People received individualised support that met their needs. The service had systems in place to ensure that people were protected from risks associated with their support, and care was planned and delivered in ways that enhanced people's safety and welfare according to their needs and preferences.

People using the service, relatives and staff said the manager was approachable and supportive. Systems were in place to monitor the quality of the service and people and relatives felt confident to express any concerns, so these could be addressed.

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. Procedures were in place to protect people from abuse. Staff knew how to identify abuse and the correct procedures to follow if they suspected that abuse had occurred. Staff understood people's rights to make choices about their care and the requirements of the MCA and DoLS.

The risks to people who use the service were identified and managed appropriately

Staff were available in sufficient numbers meet people's needs.

Medicines were administered safely.

Good



Is the service effective?

The service was effective. Staff received training to provide them with the skills and knowledge to care for people effectively.

People received a variety of meals. Staff supported people to meet their nutritional needs.

People's healthcare needs were monitored. People were referred to the GP and other healthcare professionals as required.

Good



Is the service caring?

The service was caring. Staff were caring and knowledgeable about the people supported by the service.

People and their representatives were supported to make informed decisions about their care and support.

People's privacy and dignity were respected.

Good



Is the service responsive?

The service was responsive. Care plans were in place outlining people's care and support needs.

Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

The service had a system in place to gather feedback from people and their relatives, and this was acted upon.

Good



Is the service well-led?

The service was well-led. The provider promoted an open and transparent culture in which good practice was identified and encouraged.

Systems were in place to ensure the quality of the service people received was assessed and monitored. These resulted in improvements to service delivery.

Good



St Johns Wood Care Centre

Detailed findings

Background to this inspection

We undertook an unannounced inspection to St John's Wood Care Centre on 8 August 2014.

The inspection was carried out by an inspector, a medicines inspector, a professional advisor who was a nurse with knowledge of older people's needs and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider also 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. We spoke with the local safeguarding team and a GP to obtain their views of service delivery.

During the visit, we spoke with 15 people using the service, five visitors, 10 care staff and the registered manager. We spent time observing care and support in communal areas. We also looked at a sample of seven care records of people who used the service and five staff records and records related to the management of the service.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

Appropriate arrangements were in place to protect people from the risk of abuse. We spoke to people who used the service and their relatives. They told us that they were safe and could raise concerns with staff. One person told us that if they had concerns, "The manager would put things right for me." Relatives were aware of the safeguarding policy and knew how to raise concerns. Staff we spoke with understood the service's policy regarding how they should respond to safeguarding concerns. They understood how to recognise potential abuse and who to report their concerns to both in the service and to external authorities such as the local safeguarding team and the Care Quality Commission. Staff had received training in safeguarding vulnerable adults. Professionals involved with the service told us that staff responded to any concerns they raised. The manager showed us that where there had been recommendations from safeguarding investigations these had been addressed. For example, changes to how information was recorded about people's health needs and how these were responded to.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). These safeguards ensure that an individual being deprived of their liberty is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests. The manager had considered people's needs in regard to this legislation, and had liaised with the local authority to establish if people needed to be assessed. People's records showed that where they identified as not been able to make certain decisions the appropriate referrals had been made and when necessary DoLS were in place. Staff spoken to were aware when people were subject to a DoLS. Staff had been trained to understand when an application should be made, and how to submit one.

Comprehensive risk assessments were in place that ensured risks to people were addressed. Relatives told us they were involved in the assessment of risks. There were detailed risk assessments covering common areas of potential risks, for example, falls, pressure ulcers and nutritional needs. These were reviewed monthly and any changes to the level of risk were recorded and actions identified to lessen the risk were highlighted. Staff were able to explain the risks that particular people who use the

service might experience when care was being provided. Risk assessments identified the action to be taken to manage risks. Where necessary professionals had been consulted about the best way to manage risks to people.

People told us that enough staff were available to meet their needs. One person said, "The staff are helpful and always there when you need them." The manager explained that as part of people's assessment before they used the service it was agreed with them how much staff support they needed. Staff told us that there was enough staff available for people. When people requested support from staff they were responded to promptly. The manager showed us the staffing rota for the previous week. This reflected the number of staff on duty on the day of the inspection. The rota showed that the numbers of staff available was adjusted to meet the changing needs of people.

Safe recruitment procedures were in place that ensured staff were suitable to work with people as staff had undergone the required checks before starting to work at the service. The four staff files we looked at contained criminal records checks, two references and confirmation of the staff member's identity. We spoke with one member of staff who had recently been recruited to work at the service and they told us they had been through a detailed recruitment procedure that included an interview and the taking up of references.

We observed medicines given at lunch time to three people. We saw that the nurse was patient and reassuring. We saw the nurse record when the medicine had been taken. One person was prescribed medicine for pain relief when needed. We heard how the person was asked if they were in pain and they said that they were, and were given the appropriate pain relief.

People's current medicines and medicines received in to the home were recorded on medicines administration records (MAR). People had their allergy status recorded to prevent inappropriate prescribing. Medicines prescribed as a variable dose were all recorded accurately. There were individual protocols in place for people prescribed as required medicines (PRN). This meant that nurses knew in what circumstances and what dose, these medicines could be given. For example, when people had irregular pain needs or changes in mood or sleeping pattern. There were no omissions in recording administration of medicines. Medicines had been given as prescribed.

Is the service safe?

The provider had policies and procedures in place to manage medicines safely and report medicines errors. We saw the record of one recent error and read about the action the provider had taken to prevent it happening again.

One person was able to manage their own medicines. Person showed us where their medicines were kept

securely and how they took them. They told us that they knew what the medicines were prescribed for and that supplies were always readily available. The provider carried out a monthly medicines audit and MAR charts were checked daily in the units.

Is the service effective?

Our findings

People were supported by staff who had the necessary skills and knowledge to meet their needs. One person said, "The staff know how to care for me. They are good at what they do." Staff who had recently started to work at the home had completed a detailed induction. This included time spent getting to know the needs of people who used the service and how these should be met. Training records showed that staff had completed all areas of mandatory training in line with the provider's policy. Staff had specific training on dementia, managing challenging behaviour and nutrition. All care staff had completed a diploma in health and social care. A training matrix was used to identify when staff needed training updated.

Records showed that staff had received regular supervision. This had focused on their developmental needs and the work they were doing with people who used the service. Staff confirmed that they had regular supervision and this enabled them to better understand and meet people's needs. The manager explained that staff received supervision every two months. This was in line with the provider's policy on supervision.

People's nutritional needs were assessed and when they had particular preferences regarding their diet these were recorded in their care plan. One person said, "The food is good." The cook was able to explain the dietary needs of people who had diabetes or were on low or high fat diets. One person, who ate very little, said that the cook had talked to them to find out what they would like to eat.

People told us they liked the food. One person said, "I enjoy my meals." People had a choice of dishes for each meal. Some people were offered choices at lunch time if they did not want to eat or drink what they had originally requested.

Another person told us, "If I don't like something I can have something else." At lunchtime staff were available to assist people to eat and drink when they needed support to do this. Staff supported people to take their time to enjoy their meals.

If people refused a meal we heard staff offering an alternative. Snacks were also available throughout the day. Staff told us if someone was eating less than usual or there were concerns about their nutrition, food and fluid charts were put in place to monitor the amount of food or drink they consumed. Where necessary we saw that people had been referred to the dietitian or speech and language therapist if they were having difficulties swallowing. People's weight was recorded in their care plans. Three people who use the service needed support with their nutritional needs so their fluid and food intake was being monitored.

People were supported to access the health care they needed. People told us that they had been able to see their GP when they wanted. One person said, "You get to see the doctor when you want to." When they asked staff to contact their GP this was done quickly. The GPs told us that staff gave them clear information about the needs of people.

Care records showed that a weekly multidisciplinary team meeting of health professionals was held at the home to discuss people's changing needs. People's records showed that these meetings had resulted in interventions to meet their medical needs in the service rather than them being admitted to hospital. Care records showed that the service liaised with relevant health professionals such as GPs and district nurses. Care plans also showed that other health professionals (for example, dentists, opticians and chiropodists) had been consulted about people's needs.

Is the service caring?

Our findings

People told us that they were treated with respect and staff responded to their views regarding how they wished their needs to be met. One person said, "The staff are very kind and caring." Another person told us, "Caring seems to come automatically here." We saw that staff provided care and support in a gentle and caring manner, listened to what people had to say and involved them in decisions regarding their care. Staff asked people's permission before providing any care and support for them. People and their relatives told us they were able to discuss any issues that concerned them regarding how care was being provided with staff.

Care plans recorded and staff understood, people's preferences and likes and dislikes regarding their care and support needs. This included if they preferred certain foods. People and their relatives had been involved in people's initial assessments which included details of people's life histories and interests. Relatives had been asked about people's cultural and religious needs. Staff understood people's diversity was important and needed to be promoted.

Meetings were held with people at which issues regarding future activities and the general running of the service were discussed. Minutes were written in a way that supported people who used the service to understand and participate in decisions.

Relatives had been involved in decisions and received feedback about changes to people's care. Discussions with people and relatives were discreet, not conducted in a loud voice in a communal room. People had the choice of leaving their bedroom doors open or closed.

There were also Do Not Attempt Cardiopulmonary Resuscitation (DNAR) forms for eight people who use the service. These were signed appropriately by either relatives or people who use the service as well as the medical professionals. People and their relatives had been consulted about the DNAR form and the appropriate professional advice had been taken before they were put in place. Staff spoken to knew which people had DNAR's.

Several people were on end of life care and there were anticipatory medicines all ready and prescribed in case they were needed suddenly. Where people's pain was severe the effectiveness of pain relief was closely monitored and documented.

Is the service responsive?

Our findings

Staff understood how to meet people's needs and responded in line with the needs identified in their care plans. One person said, "If you need something done you just ask the staff, they are always ready to help." Care plans had been reviewed monthly or more frequently such as when a person's condition changed, to keep them up to date. Another person said, "When you need more help they make sure it is provided." People and their relatives had been involved with their review of care, so any changes could be discussed with them.

People and their relatives told us that they had regular meetings with staff to discuss their needs so that they could be involved in decisions about how care was delivered. People's care records showed that they were regularly consulted about their needs and how these were being met. Staff supported people to make decisions about their care through discussions of their needs. Records showed that a monthly resident council meeting was planned and people told us they were aware of this meeting.

There was a key worker system in place in the service. A key worker is a staff member who monitors the support needs and progress of a person they have been assigned to support. One person said, "My nurse makes sure the little

things I need are done for me." We found that the key worker system was effective in ensuring people's needs were identified and met as staff were able to explain the needs of the people they were supporting.

People engaged in meaningful activities that reflected their interests and supported their well-being. We observed that people participated in a quiz and later on music from the 1940's was played and used as a means for people to reminisce about their life experiences. The activities coordinator told us that activities were planned based on people's interests as identified in their care plans. For example, some people enjoyed watching films from the 1930s and 1940s and screenings of these were arranged.

A copy of the complaints procedure was on display in the service. Staff told us that if anyone wished to make a complaint they would advise them to speak with the manager and inform the manager about this, so the situation could be addressed promptly. Relatives and people were confident they could raise any concerns they might have, however minor, and they would be addressed. The complaint records showed that when issues had been raised these had been investigated and feedback given to the people concerned. Complaints were used as part of on going learning by the home so that improvements could be made to the care and support people received.

Is the service well-led?

Our findings

People and their relatives confirmed that they felt the home was well-led. They told us the manager was approachable and led the staff team appropriately. One person said, “The manager wants to know how things are going.” The provider promoted an open culture that encouraged good practice. The manager was visible and spent time with people who use the service. Staff told us the manager was open to any suggestions they made and ensured they were meeting people’s needs.

The provider had systems to monitor the quality of the care and support people received. An annual survey of the views of people, relatives and professionals had been carried out. The results of this were generally positive. People said that the service responded to their needs.

There was regular auditing and monitoring of the quality of care. This included weekly spot-checks on the care provided by staff. These checks were recorded and any issues were addressed with staff in their supervision.

Quarterly audits were carried out across various aspects of the service. These included medicines administration, care planning and training and development. Where these audits identified that improvements needed to be made records showed that an action plan had been put in place and any issues had been addressed.

We saw that each unit had a nurse leader and that they knew people and communicated well with them. The registered manager was active in monitoring the safe handling of medicines through the monthly and daily checks carried out in each unit.

We reviewed the service’s accident and incident records, and saw that each incident and accident was recorded with details about any action taken and learning for the service. Incidents and accidents had been reviewed by the registered manager and action was taken to make sure that any risks identified were addressed. The provider’s procedure was available for staff to refer to when necessary, and records showed this had been followed for all incidents and accidents recorded.