The Shaw Foundation Limited

St Johns Nursing Home

Inspection report

St Peters Walk
Droitwich
Worcestershire
WR9 8EU

Tel: 01905794506
Website: www.shaw.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

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 13 October 2016.

The home is registered to provide accommodation and personal care for adults. A maximum of 43 people can live at the home. There were 38 people living at home on the day of the inspection. The accommodation is split over three areas. The Limes unit provides care for adults with an enduring mental health condition. The Pines unit provides care for older people, specialising in those with a diagnosis of dementia. There are also three flats to promote independent living for adults with a mental health condition.

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 23 November 2015, the provider needed to make improvements in managing people's medicines, ensuring that identified areas for improvement where completed and register a manager with the CQC. We found that improvements had been made and there was now a registered manager.

People told us that they were relaxed and felt safe in the home and the staff helped to keep them safe by being there. People were assured by the care staff and care staff told us about how they kept people safe. During our inspection we saw staff were available to respond to people and offered support, guidance or care when needed. People received their medicines from nursing staff as required and records were completed. People told us the staff were available and they did not have to wait for assistance or care.

People told us care staff knew them and their care needs well. All staff told us the their training supported them to care and understand the needs of people who lived at the home. All staff had supervision which they said supported and helped them in providing care to people who lived at the home. People's rights and freedoms were respected by staff who listened and responded to people's decisions. People were supported to eat and drink enough to keep them healthy and enjoyed their meals. We found that people's health care needs were assessed, and care planned and delivered to meet those needs. People had access to other healthcare professionals that provided treatment, advice and guidance to support their health needs.

People told us that care staff made sure they retained their independent living skills and were encouraged to be involved in their day to day care choices. People were familiar with all staff and had developed relationships of trust. Care staff were respectful when speaking with people and were considerate when talking about people with other staff members. All staff knew it was important to maintain a person's privacy and dignity when proving personal care or when people were in the communal areas of the home.

Where people had not been able to be involved in the planning of their care due to their capacity to make decisions, relatives and care staff were involved and asked for their opinions and input. All staff offered encouragement and supported people to read or join in group activities and outings. People we spoke with told us they were confident to approach the manager if they were not happy with their care. The registered manager had reviewed and responded to all concerns raised.

People felt involved in their home and had opportunities to make suggestions that were listened to and actioned. Management and staff had implemented recent improvements and these were regularly reviewed to ensure people's care and support needs continued to be met. The management team were approachable and visible within the home which people liked.

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 received care and treatment from staff that understood how to keep them safe and free from the risk of potential abuse.

People told us they felt there were enough staff to meet their care and social needs and manage risks. People received their medicines where needed and were supported by staff that meet their care and welfare needs.

Is the service effective?

Good

The service was effective.

People's needs and preferences were supported by trained staff that understood their care needs. People made or were supported in decisions about their care and support.

People told us that they enjoyed the meals that were made for them and it was what they wanted. People had accessed other health professionals when required to meet their health needs with staff support.

Is the service caring?

Good

The service was caring.

People received care that met their needs. Staff provided care that met people's needs whilst being respectful of their privacy and dignity and took account of people's individual preferences.

Is the service responsive?

Good

The service was responsive.

People were supported to make choices and be involved in planning their care. Care plans were in place that showed the care and support people needed.

People who used the service were confident to raise any concerns. These were responded to and action taken if required.

Is the service well-led?

Good

The service was well led.

People knew who the registered manager was and had been asked for their opinion on the quality of the service that they had received.
The provider had checks in place to monitor the quality of the service.

St Johns Nursing Home

Detailed findings

Background to this inspection

We carried out an unannounced comprehensive inspection of this service on 23 November 2015. Following this inspection an overall rating of 'Requires Improvement' was given, with the Safe and Well-Led question rated as 'Requires Improvement'.

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 16 and 17 November 2016 and was completed by one inspector.

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. As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also contacted the local authority and the Clinical Commissioning Group (CCG) who are responsible for funding some people's care for information.

During the inspection, we spoke with nine people who lived at the home and two relatives. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with six staff, three nurses, the deputy manager, the registered manager and a regional manager. We looked at two records about people's care, one complaint, falls and incidents reports and audits completed by the registered manager and provider.

Good

Is the service safe?

Our findings

At the last inspection in November 2015 we found improvements were needed in the management of people's medicines and we found that improvements had been made. The provider had implemented a new electronic medicine management system.

People were supported to take their medicines when needed during the day. One person said, "I get my three tablets a day". Another person also said that if they needed pain relief medicines they were given on request and that nursing staff asked at regular intervals throughout the day if they wanted these tablets. We saw people were supported to take their medicine when they needed it. One person said that nursing staff were good at noticing any side effects of their medicine and as a result one of their medicines had been removed which they told us had made them feel better.

Nursing staff we spoke with told us the new system was working well and people were receiving their medicines when needed. Records were complete and audits seen showed no errors and each medicine administered had been signed for by nursing staff. There were enough nursing staff to ensure all people living at the home had their medicines at the times directed on the medicine record documents. The medicines were stored in a locked area and unused medicines were recorded and disposed off.

All people we spoke with felt the home offered a safe environment and no one had concerns with the staff in the home. One person said care staff, "It's a nice place". One member of care staff told us, "We can voice any concerns about their (people) safety and if needed something is done about it", and said the management team would support people and staff to ensure a positive outcome for people.

Care staff we spoke with were able to tell us what they understood by keeping people safe and when they would report concerns to the registered manager. One member of care staff said, "We check to make sure no one has any bruises and that they are feeling well". All care staff we spoke with said they would not leave a person if they saw something of concern and would intervene to ensure the person was safe. The registered manager understood her role in ensuring information was correctly documented and shared when required.

People managed their risks with support from staff if needed and care staff we spoke knew the type and level of assistance each person required. For example, where people required the use of lifting aids or assistance with eating and drinking. In each person's care plan it detailed their individual risks, which had been reviewed and updated regularly. All care staff we spoke with told us that any concerns about a person's safety was recorded and reported to the nursing team, who would then assess if any changes to care was needed and action those changes immediately.

All people we spoke told us care staff were always around and attentive. One person told us how they received care and support from consistently staff team. We saw that care staff were able to spend time with people and responded in an appropriate manner to them. For example, care staff spent time ensuring people were comfortable as well as responding to requests and call bells that people used when they

wanted care staff.

We saw staff remained present and available for people in the communal areas, with only short periods where staff left to assist elsewhere in the home. Care staff told us there were days where the care staff levels would decrease due to staff sickness. When needed the care staff told us that the deputy manager and registered manager would cover shifts. The registered manager had reviewed staffing numbers and were recruiting to ensure consistency of permanent staff were available to meet people's needs and wishes. Agency staff were used to fill any shortfalls in staff and where possible staff told us they were the same agency staff to ensure consistency in care provision.

Good

Is the service effective?

Our findings

All people we spoke with said the care staff knew how to look after them and provided the level of care they needed. Relatives were confident in the nursing staff and that they had the knowledge to provide the care needed by their family members. When we spoke with care staff they told us about the needs of people they supported and how they responded accordingly to each person. Nursing staff told us about the care they provided and that they had the skills, knowledge and training to support all people living at the home.

All of the care and nursing staff we spoke with told us about the training courses they had completed and what this meant for people who lived in the home. For example, they felt confident and knowledgeable in how to provide care for people who lived with dementia as they had knowledge of how this effects people. All staff felt supported in their role and had regular meetings with the manager to talk about their role, responsibilities and people's care needs.

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.

All people we spoke with said that care staff provided them with choice and listened to their request or decisions which we saw during the inspection. All care staff we spoke with understood people's right to choose or refuse care and would respect their rights. They told us that where they had concerns over people's choices or decisions these would be passed to the management team for assistance. Care staff told us that they were involved in decisions about people's care if they had been assessed as lacking capacity to make a decision on their own. In addition, two of the care staff we spoke with confirmed that further training had been booked to ensure their knowledge stayed current and reflected best practice guidelines.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager told us they had people living at the home who were being deprived of the liberty. The registered manager provided examples of how people were supported to live with having their liberty restricted and told us they would talk to external professionals in the first instance if they were concerned that a person safety was at risk. The manager had submitted applications to the local authority where people living at the home had restrictions in place that were depriving them of their liberty.

All people that we spoke with told us they enjoyed the food and were always offered two main meal options or a meal they requested. People's food preferences and dietary needs were known and where people

required one to one support to eat their meals care staff were attentive and unhurried in their assistance. We saw and heard people asking for various choices of breakfasts and care staff were happy to meet these requests. One person told us, "I have not had a meal I don't like.

People living on the first floor told us that they were able to help staff in the kitchen to prepare meals if they wanted. People living independently told us they prepared and shopped for all their meals. We saw that staff continually offered and prompted people to drink with assistance if needed. We heard staff offering words of encouragement and making sure people understood the importance of drinking to keep their bodies healthy.

People had seen opticians, dentists and were supported to see their GP when they required it. Other professionals had attended to support people with their care needs. For example, external professionals to advise and assist with tissue viability wound management, prescription requests and mental health needs. We also saw that where people required a regular blood test to monitor and maintain their condition, these had been arranged and completed as required. Records showed where advice had been sought and implemented to maintain or improve people's health conditions.

Good

Is the service caring?

Our findings

All people we spoke with told us how the care staff were kind, attentive to their needs and friendly. All people we spoke with said they were settled living in the home. One person said, "Best of everything here". People told us when their friends and relatives visited they were always welcomed by staff at the home. The atmosphere in the communal lounges was quiet, calm and we saw some people had developed friendships with the care staff and other people living at the home. People were comfortable when speaking with care staff who responded in a gentle and unhurried way. One person said, "Good staff here".

All care staff we spoke with told us they got to know people and what they were interested in by spending time chatting with them. One staff member said, "I chat at every opportunity, whether that's during personal care or sitting with someone". Where people were quiet, care staff looked for non-verbal signs to see what people preferred or enjoyed.

People told us that they were able to tell the care staff about what they wanted during their daily care. This included how much assistance they needed and where they wanted to spend their day. One person told us they felt involved and were supported by care staff in discussing their care and support options. One person told us, "They (staff) know me well, all my likes and ways".

People told us their daily routines and preferences were important to them, such as the time they got up or their morning routines. One person told us, "I tend to go bed around midnight, but it varies and that's no problem here". We saw that care staff frequently asked people if they would like anything or required anything. For example, when a person may like a drink or to make sure they were comfortable.

Care plans we looked at recorded people's likes, dislikes and their daily routine. All staff we spoke with were able to tell us people's preferred care routines or told us they always asked the person first. Care staff respected that people's everyday choices would often change and may reflect on a person's well-being. Care staff told us that any changes would be reported to nursing staff who updated the person's care plan and shared the change with other care staff when the shift changed.

People told us about how much support they needed from staff and were happy they were able to maintain their independence within in the home. This varied from people living independently to others needing full support for all areas of their lives. We saw that care staff involved people in everyday tasks such as preparing the tables for lunch or washing cups. Care staff would then offer encouragement and guidance if needed. Staff were aware that people's independence varied each day depending on how well people felt. One person told us that the care staff, "Do nothing to distract from that", when talking about their independence.

People received care and support from staff that were respectful and people we spoke with told us they were addressed respectfully by care staff. We saw that care staff were careful to ensure people were assisted to maintain their dignity, for example asking people if they would like to change their clothes in the privacy of their room. Care staff were careful to ensure people were covered when using a hoist or when they sat in

the communal areas.

Good

Is the service responsive?

Our findings

People told us their care was personal to them and that improved their wellbeing. Nursing and care staff were confident in their ability to support and care for people. For example, a person arrived at the service with restricted mobility following a stay in hospital which had now improved since living at the home. With care staff encouragement and support they told us they were now gaining confident with their mobility.

People's health changes had been recognised and acted on by nursing and care staff. This included, improving wounds, noticing potential infections and getting medicines prescribed to treat the condition or provide pain relief. Where people were working to improve their independent living skills staff were supportive and knew when a person may be able to take on more responsibility in their lives.

Care staff told us that when the noticed any changes in people's care needs, these were reported to the nursing team who then followed up any concerns and took any necessary action. All staff we spoke with knew where people required skin care, diabetic care or were at risk of weight loss and the associated health risks and changes to look out for that may indicate a concern. People's appointments and reminders were held in a diary, these were available for all staff to refer if needed.

Care staff were aware of people's emotionally and physical requirements. For example, where the support of two care staff was needed or how to help people who became emotional upset or confused. We saw that care and nursing staff were able to help people when they became upset, which then reduced people's anxieties.

People had their needs assessed before they moved to the home. People and their relatives were involved in developing their care, support and treatment plans. The plans were detailed and described routines specific to each person. Each file contained information about the person's likes, dislikes and people who were important to them. These showed the way in which people preferred to receive their care and provided guidance for staff on how to support the individual.

Three people we spoke told us they chose how they spent their days and could choose to stay in their room or the communal areas. One person commented that they liked the group singer that came to play at the home. One person told us they enjoyed watching the television, other people told us they liked reading their daily newspapers, going on walks with care staff, or to the local shop to buy personal items. People were supported to achieve these with staff if needed. One member of care staff told us, "We vary the types of activities, residents like different things and also the amount of time you spend doing things can vary".

All people we spoke with said they would talk to any of the staff if they had any concerns. They said the registered manager always asked them how they were or if they wanted to talk about anything. All care staff we spoke with and the management team said where possible they would deal with issues as they arise. This reflected the views and opinions of people, their relatives and staff we spoke with on the day of the inspection.

The registered manager has recorded verbal feedback from people or their relatives and the actions that had been taken. We saw where a concern had been identified the registered manager had taken action, for example comments on a person's clothing and the continuity of care staff and had made a record of the telephone calls to resolve the complaints.

Good

Is the service well-led?

Our findings

At the last inspection in November 2015 we found improvements were needed to improve the management of the home and the providers auditing process had not been effective at implementing positive change. During this visit we saw that improvements had been made. There was a registered manager in post and the provider had appointed a deputy manager. People and staff told us that this had been a positive change which had seen improvements in the permanent nursing and care staff being employed. The registered manager was positive about their appointment and wanted any changes to have a positive impact on people who were living in the home.

All people we spoke with knew the registered manager and their relatives were happy that the registered manager was easy to talk with. One person told us, "I see (registered managers name) every day she is in". People and relatives also had the opportunity to raise or discuss aspects of the home at meetings held and chaired by the registered manager.

The registered manager reviewed the care people had received and the home environment. For example, they spoke with people and their relatives, looked at people's care records, staff training, and incidents and accidents to look for trends and identify any action to prevent a it from happening again. One person said, "It's well laid out and nothing that you pick out that is bad and my room is excellent". People told us about how they had been able to have a say in how the communal areas were decorated. Care staff told us that the results of audits were discussed in staff meetings and all staff were made aware so that any shortfalls were addressed to improve the overall quality of the service. All of the staff we spoke with told us they worked well together to support people at the home.

The registered manager had a clear understanding of people's care needs and staff told us they often saw her out providing care and support to people. One the day of the inspection we saw how they spent time out of their office chatting to people. All care staff felt the registered manager was visible and supportive to ensure they provided a good service. Care staff felt able to offer suggestions for improvements. They told us there were regular staff meetings which provided updates for staff and the opportunity for the registered manager to ensure staff were confident in caring for people. For example, the staffing team and staff were clear about the standard of care they were expected to provide and for people to be treated as individuals living in their own home.

Audits were undertaken by the provider and registered manager to monitor how care was provided and how people's safety was protected. All aspects of people's care and the home environment were reviewed and updated. The registered manager and care staff sought advice from other professionals to ensure they provided good quality care. For example, they had followed advice from district nurses and occupational therapists to ensure that people received the care and support that had been recommended. The registered manager told us this supported them to be aware of changes and information that was up to date and relevant.

The register manager told us about the support they received in order to understand best practice and knew

where and how to access information. They told us their skills and knowledge were supported by news briefings and updates that related to best practice guidance and regular clinical supervisions. The registered manager told us they also spoke with other home managers within the organisation to share practice and ideas.