

Country Court Care Homes 2 Limited

St John's Care Home

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 was an unannounced inspection carried out on 15 August 2016.

St John's Care Home can provide accommodation and personal care for 56 older people and people who live with dementia. There were 46 people living in the service at the time of our inspection. The accommodation is a two storey property with each floor being a self contained living area. There is a passenger lift giving step-free access around the accommodation and there is a walled garden with seats.

There was 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.

Staff knew how to respond to any concerns that might arise so that people were kept safe from abuse. People had been helped to avoid the risk of accidents and medicines were managed safely. There were enough staff on duty and background checks had been completed before new staff were appointed.

Staff had received training and guidance and they knew how to support people in the right way including making sure that people were supported to keep their skin healthy. Although people had been assisted to eat and drink enough some aspects of the arrangements at meal times did not support people to enjoy their experience of dining. People had been supported to receive all of the healthcare assistance they needed.

Staff had ensured that people's rights were respected by helping them to make decisions for themselves. The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards under the Mental Capacity Act 2005 and to report on what we find. These safeguards protect people when they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe. In relation to this, the registered manager had taken the necessary steps to ensure that people only received lawful care that respected their rights.

People were treated with kindness and compassion. Staff recognised people's right to privacy, promoted their dignity and respected confidential information.

People had been consulted about the care they wanted to receive and they had been given all of the assistance they needed. This included people who could become distressed. Although people were helped to pursue their hobbies and interests some people wanted to be offered more opportunities to enjoy social activities. There was a system for resolving complaints.

Quality checks had been completed to ensure that people received the facilities and services they needed. Good team work was promoted and staff were supported to speak out if they had any concerns because the service was run in an open and inclusive way. People had benefited from staff acting upon good practice

guidance.

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.

Staff knew how to keep people safe from the risk of abuse.

People had been helped to avoid the risk of accidents and medicines were managed safely.

There were enough staff on duty and background checks had been completed before new staff were employed.

Is the service effective?

Good ●

The service was effective.

Staff had received training and guidance to enable them to support people in the right way.

Although people had been assisted to eat and drink enough some aspects of the arrangements at meal times did not support people to enjoy their experience of dining.

People had been supported to receive all the healthcare attention they needed.

People were helped to make decisions for themselves. When this was not possible legal safeguards were followed to ensure that decisions were made in people's best interests.

Is the service caring?

Good ●

The service was caring.

Staff were caring, kind and compassionate.

People's right to privacy was respected and staff promoted people's dignity.

Confidential information was kept private.

Is the service responsive?

Good ●

The service was responsive.

People had been consulted about the care they wanted to receive.

Staff had provided people with all the care they needed including people who could become distressed.

Although people were helped to pursue their hobbies and interests some people wanted to be offered more opportunities to enjoy social activities.

There was a system to resolve complaints.

Is the service well-led?

Good ●

The service was well led.

Quality checks had been completed to ensure that people received the facilities and care they needed.

People and their relatives had been asked for their opinions of the service so that their views could be taken into account.

There was good team work and staff had been encouraged to speak out if they had any concerns.

People had benefited from staff acting upon good practice guidance.

St John's Care 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 registered persons were 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.

Before the inspection, the registered persons completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since the last inspection. These are events that happened in the service that the registered persons are required to tell us about.

We visited the service on 15 August 2016. The inspection was unannounced and the inspection team consisted of an inspector and an expert 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.

During the inspection we spoke with 10 people who lived in the service and two relatives. We also spoke with two senior care workers, four care workers, a housekeeper, the maintenance manager and the administrator. The registered manager was on holiday but we were able to speak with the operations manager. We observed care that was provided in communal areas and looked at the care records for five of the people living in the service. In addition, we looked at records that related to how the service was managed including staffing, training and quality assurance.

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.

After the inspection visit we spoke by telephone with two relatives. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

Is the service safe?

Our findings

People said and showed us that they felt safe living in the service. One of them said, "I quite like it here because I feel safe with the staff who are all very kind to me." We saw another person who had special communication needs holding hands with a member of staff and smiling to show their approval. We witnessed a number of occasions when people went out of their way to be close to staff including a person walking beside a member of staff as they went into different lounges to check that people were comfortable. All of the relatives we spoke with said they were confident that their family members were safe in the service. One of them said, "I'm very pleased with the service so far. Although it's early days I've found the staff to be caring and the accommodation to be clean and well kept."

Records showed that staff had completed training in how to keep people safe and staff said that they had been provided with relevant guidance. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk of harm. Staff were confident that people were treated with kindness and said they would immediately report any concerns to a senior person in the service. In addition, they knew how to contact external agencies such as the Care Quality Commission and said they would do so if their concerns remained unresolved.

Staff had identified possible risks to each person's safety and had taken positive action to promote their wellbeing. An example of this involved people being helped to keep their skin healthy by regularly changing their position and by using soft cushions and mattresses that reduced pressure on key areas. Staff had also taken practical steps to reduce the risk of people having accidents. An example of this was some people agreeing to have rails fitted to the side of their bed so that they could be comfortable and not have to worry about rolling out of bed. Other examples of this were people being provided with equipment to help prevent them having falls including walking frames, raised toilet seats and bannister rails. We also noted that suitable arrangements had been made to enable people to safely and quickly leave the building in the event of an emergency.

Records of the accidents and near misses involving people who lived in the service showed that most of them had been minor and had not resulted in the need for people to receive medical attention. We saw that the registered manager and the operations manager had analysed each event so that practical steps could then be taken to help prevent them from happening again. An example of this involved people being referred to a specialist clinic after they had experienced a number of falls. This had enabled staff to receive expert advice about how best to assist the people concerned so that it was less likely that they would experience falls in the future.

We found that there were reliable arrangements for ordering, storing, administering and disposing of medicines. We saw that there was a sufficient supply of medicines and they were stored securely. Staff who administered medicines had received training and we saw them correctly following written guidance to make sure that people were given the right medicines at the right times. Records showed that during the week preceding our inspection each person had correctly received all of the medicines that had been prescribed for them. We noted that in the 12 months preceding our inspection there had been two incidents

when a person's medicines had not been correctly administered. Records showed that the people concerned had not experienced any direct harm as a result of the mistakes. They also showed that the registered manager had quickly established how the mistakes had occurred and had taken effective action to reduce the likelihood of them happening again.

We arrived in the service just after breakfast had been served and left just before tea time. During this time we saw that there were enough staff on duty because people promptly received all of the care and company they needed. Records showed that the number of staff on duty during the week preceding our inspection matched the level of staff cover which the registered persons said was necessary.

People who lived in the service said that at most times of day there were enough staff on duty to promptly meet their needs. One of them commented, "I'm looked after very well here and don't have any complaints." However, some people told us that more staff were needed in the early morning period. Speaking about this a person remarked, "I do think we need more staff on duty at breakfast time because the staff are rushing around helping people to get up. If you ask for help then you may have to wait for some time which isn't the case for the rest of the day."

The operations manager said and documents showed that the registered persons had reviewed the care each person required and had calculated how many staff were needed. However, after we raised concerns about the adequacy of the number of staff on duty in the early morning period, the operations manager said that they would review the calculations and that if necessary they would allocate additional staff to be on duty at this time. Immediately after our inspection visit the operations manager confirmed that they had recalculated the number of staff needed in the early morning period, had concluded that more staff were needed and had made the necessary arrangements to increase the provision.

Staff said and records confirmed that the registered persons had completed background checks on them before they had been appointed. These included checks with the Disclosure and Barring Service to show that they did not have relevant criminal convictions and had not been guilty of professional misconduct. We noted that in addition to this other checks had been completed including obtaining references from their previous employers. These measures helped to ensure that new staff could demonstrate their previous good conduct and were suitable people to be employed in the service.

Is the service effective?

Our findings

People said and showed us that they were well supported in the service. They were confident that staff knew what they were doing, were reliable and had their best interests at heart. One of them said, "Knowing that the staff know what to do is good." We saw another person who had special communication needs pointing towards a passing member of staff and giving a 'thumbs-up' sign. Relatives were also confident that staff had the knowledge and skills they needed with one of them saying, "The staff seem to pretty much know what they're doing and so the care is quite consistent and doesn't depend too much on which member of staff happens to be on duty."

Records showed that staff had regularly met with the registered manager to review their work and to plan for their professional development. In addition, we noted that the registered manager regularly observed the way in which staff provided care. This was done so that they could give feedback to staff about how well the assistance they provided was meeting people's needs and wishes. We also noted that most of the care workers had obtained a nationally recognised qualification in the provision of care in residential settings.

Records showed that new staff had undertaken introductory training before working without direct supervision. This training was organised around the requirements of the Care Certificate. This is a nationally recognised model of training for new staff that is designed to equip them to care for people in the right way. In addition, we noted that established staff had completed refresher training in key subjects such as first aid, infection control and fire safety. The operations manager said that this was necessary to confirm that staff were competent to safely care for people in the right way. We found that staff had the knowledge and skills they needed to consistently provide people with the care they needed. An example of this was staff knowing how to correctly assist people who needed support in order to promote their continence. Another example involved staff having the knowledge and skills they needed to help people keep their skin healthy. Staff were aware of how to identify if someone was developing sore skin and understood the importance of quickly seeking advice from an external healthcare professional if they were concerned about how well someone's treatment was progressing.

We noted that there were measures in place to ensure that people had enough nutrition and hydration. People had been offered the opportunity to have their body weight regularly checked. This had helped staff to reliably identify if someone's weight was changing in a way that needed to be brought to the attention of a healthcare professional. Records showed that as a result of this several people had been prescribed high calorie food supplements to help them to stabilise their weight. We saw that staff were checking how much some people were eating and drinking each day. This was done because they were considered to be at risk of not having enough hydration and nutrition. We also noted that staff had arranged for some people who were at risk of choking to be seen by a healthcare professional. As a result of this, staff had been advised how to specially prepare these people's meals so that they were easier to swallow.

Most people and their relatives were complimentary about the quality of the meals. Speaking about this a person remarked, "The food is very good actually. It's nicely presented on clean plates, the food is a good quality and there's plenty of it." A relative said, "I've been here at meal times and the food is excellent."

However, when we were present in one of the dining rooms at lunchtime we noted that some of the arrangements did not support people to enjoy their experience of dining. The menu showed that people had been offered a choice for their main course. However, everyone in the dining room had chosen the same dish. Also, it was not clear that some people remembered the choice they had made earlier on in the day and that they still wanted the meal they had been served. We also noted that the main course was plated up in the kitchen and so people could not choose if they wanted to have gravy on their food. In addition, we saw that several people were experiencing difficulty eating their meal. This was because they had not been provided with an attachment that helps to keep food on their plates. These shortfalls detracted from the meal time being a pleasant experience and increased the risk that people would not be fully supported and enabled to eat their meals. We raised our concerns with the operations manager who said that they would immediately review how meals were served. This was so that people could choose what meal they wanted at the time it was ready to be served. They also assured us that the support each person needed to dine would be thoroughly reviewed and that any necessary improvements would be introduced without delay.

We noted that staff had arranged for some people who were at risk of choking to be seen by a healthcare professional. As a result of this, staff had been advised how to specially prepare these people's meals so that they were easier to swallow.

People said and records confirmed that they received all of the help they needed to see their doctor and other healthcare professionals. A person spoke about this and said, "The staff get onto my doctor straight away if I'm under the weather." Relatives also commented on this matter with one of them saying, "I am reassured that my family member gets all of the medical attention they need and staff tell me whenever they call for the doctor."

The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We found that the registered manager and staff were following the MCA by supporting people to make decisions for themselves. They had consulted with people who lived in the service, explained information to them and sought their informed consent. An example of this occurred when we saw a member of staff explaining to a person why it was advisable for them to use a medicine at the correct time and on a regular basis so that it helped them to stay well.

Records showed that on a number of occasions when people lacked mental capacity the registered manager had contacted health and social care professionals to help ensure that decisions were taken in people's best interests. An example of this involved the registered manager liaising with a person's relative and care manager (social worker). This was because arrangements needed to be made to assist the person to move to another residential care setting that was better placed to provide them with the additional support they needed.

People can only be deprived of their liberty in order 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 found that the registered manager had ensured that people were fully protected by the DoLS. Records showed that they had applied for the necessary authorisations from the local authority in relation to 13 people who lived in the service. This was because they lacked mental capacity and it was likely that they might need to be deprived of their liberty in order to keep them safe. The operations manager said that the people concerned could place themselves at

risk if they chose to leave the service on their own and so would be actively discouraged from doing so. By applying for the authorisations in question, the registered manager had used reasonable foresight to ensure that only lawful restrictions would be used that respected people's rights if it was necessary to deprive them of their liberty.

Is the service caring?

Our findings

People were positive about the quality of care that was provided. One of them said, "I'm looked after well here and the staff do lots of things for me." Another person who had special communication needs was seen dancing with a member of staff just before afternoon tea was served in one of the lounges. We saw the person smiling and laughing as they and the member of staff tried to coordinate their movements. Relatives told us that they were confident that their family members were treated with genuine kindness. One of them said, "I find the staff, all of them, to be lovely to the people who live here. I've absolutely never seen anything that concerned me." Another relative remarked, "I can't fault the staff at all."

During our inspection we saw that people were treated with respect and in a caring and kind way. Although on some occasions staff were a little rushed, at most times staff made a point of speaking with people as they assisted them. We observed a lot of positive conversations that supported people's wellbeing. An example of this occurred when we heard a member of staff chatting with a person about their experience of working on a farm. The person concerned was pleased to explain and reflect on how much farming and farming machinery had changed over the years.

We observed an occasion when a member of staff who was helping someone to change the channel on the television in their bedroom was called away. This was because they were needed to assist a colleague who was about to help someone who needed to use a hoist to change position. We noted that before they left the person, the member of staff explained why they were leaving the room and assured them that they would return as soon as possible. A short while later we saw the member of staff go back to the person's bedroom where they changed the channel. They then sat with the person chatting about the programme they were watching. Later on we spoke with the person concerned and they said, "The staff are fine aren't they."

We saw that staff were compassionate and supported people to retain parts of their lives that were important to them before they moved in. An example of this involved a member of staff speaking with a person about their memories of bringing up their children and going on holidays. They both remarked on how family life had changed with parents leading increasingly busy lives at home and at work.

We noted that there were arrangements in place to support someone if they could not easily express their wishes and did not have family or friends to assist them to make decisions about their care. These measures included the service having links to local advocacy groups who were independent of the service and who can support people to express their opinions and wishes.

Staff recognised the importance of not intruding into people's private space. People had their own bedrooms that were laid out as bed sitting areas. This meant that they could relax and enjoy their own company if they did not want to use the communal lounges. We saw that staff had supported people to personalise their rooms with their own pictures, photographs and items of furniture. We also noted that communal toilets and bathrooms had locks on the doors and so could be secured when in use. We saw staff knocking and waiting for permission before going into bedrooms, toilets and

bathrooms. In addition, when they provided people with close personal care they made sure that doors were shut so that people were assisted in private.

People could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wanted to do so. A relative commented on this saying, "I normally go to my family member's bedroom because it's quieter and more personal than speaking in the lounge. That's fine with the staff who have never commented on it."

We saw that paper records which contained private information were stored securely. In addition, electronic records were held securely in the service's computer system. This system was password protected and so could only be accessed by authorised staff. We found that staff understood the importance of respecting confidential information and only disclosed it to people such as health and social care professionals on a need-to-know basis.

Is the service responsive?

Our findings

Records showed that staff had consulted with people about the care they wanted to receive and they had recorded the results in a care plan for each person. People said that staff provided them with a wide range of assistance including washing, dressing and using the bathroom. Records confirmed that each person was receiving the assistance they needed as described in their individual care plan. Examples of this included people being helped to reposition themselves when in bed so that they were comfortable. Another example was the way in which staff had supported people to use aids that promoted their continence. In addition, people said that staff regularly checked on them during the night to make sure they were comfortable and safe in bed. A person spoke about this and said, "I like knowing that the staff are around at night. It makes me feel safe. I wouldn't like to be on my own at night."

We noted that staff were able to effectively support people who could become distressed. We saw that when a person became distressed, staff followed the guidance described in the person's care plan and reassured them. They noticed that a person was becoming upset because they were not sure when their relatives would next visit them. The member of staff quietly reminded the person about when their relatives were likely to call and then suggested that they both went into the garden to enjoy the sunshine. Later on we saw the person sitting in the garden and chatting with another person about the pleasant weather at the time. The member of staff had known how to identify that the person required support and had provided the right assistance.

There were two activities coordinators who supported people to pursue their interests and hobbies. Records showed that people were supported to take part in a range of social activities including things such as arts and crafts, quizzes and gentle exercises. We also noted that the activities coordinator called to see people who spent a lot of time in their bedrooms. This was so that these people also had the opportunity to become involved in activities that interested them. In addition, there were entertainers who called to the service to play music and engage people in singing along to their favourite tunes. We also noted that the activities coordinators had the use of a people carrier vehicle and that small groups of people were assisted to visit places of interest. Records showed that the most recent visit had been in July 2016 when six people had enjoyed travelling to a local park.

Most people told us that they were satisfied with the opportunities they were given to enjoy social activities. One of them said, "There's usually something going on each day and even though I don't bother with them much I could if I wanted." However, some people said that they would appreciate being supported to enjoy a wider range of social activities. An example of this was a person who said, "I used to go down the pub for a pint or two, since I've been here I've not had a drink." Another person said, "I'd like to go out more, into the garden or round the block." We raised this matter with the operations manager. They said that they would ensure that the activities coordinators consulted again with each person about the activities they would like to be supported to enjoy.

We noted that there were arrangements to support people to express their individuality. We were told that a religious service was held regularly to support people who wished to meet their spiritual needs in this way.

We also found that suitable arrangements had been made to respect each person's wishes when they came to the end of their life. This had included establishing how relatives wanted to be supported to acknowledge and celebrate their family member's life.

There were suitable arrangements to support people's lifestyle choices. An example of this was a person who said, "I am a vegetarian and the cook is very good at making me the right meals." We also noted that staff were aware of how to support people who had English as their second language including being able to make use of translator services.

People and their relatives said that they would be confident speaking to the registered manager or a member of staff if they had any complaints about the service. A person spoke about this and said, "I see the manager around the place and she's easy to talk to." Another person who had special communication needs smiled and waved when we pointed towards the registered manager's office. A relative also remarked on this saying, "I've not had to complain so far but if I did it's a professional service and I'm sure my concern would be handled properly."

We saw that each person who lived in the service had received a document that explained how they could make a complaint. In addition, the registered persons had a procedure that was intended to ensure that complaints could be resolved quickly and fairly. Records showed that the registered persons had received six complaints in the 12 months preceding our inspection. They also showed that in each case the registered manager had properly investigated the concerns, taken action to put things right and had politely informed the complainants about how their complaint had been concluded.

Is the service well-led?

Our findings

Records showed that the registered manager and operations manager had regularly completed quality checks to make sure that people were reliably receiving all of the care they needed. These checks included making sure that care was being consistently provided in the right way, medicines were safely managed and staff received all of the support they needed.

We noted that checks were also being made of the accommodation and included making sure that the fire safety equipment, hoists and the passenger lift were well maintained. Other checks included making sure that hot water was suitably temperature controlled and radiators were guarded to reduce the risk of scalds and burns. In addition, records showed that the safety latches fitted to windows above the ground floor remained in good working order so that people were protected from the risk of falling.

People who lived in the service said that they were asked for their views about their home as part of everyday life. In addition, we noted that people had been invited to attend residents' meetings at which they could discuss with staff any improvements they wanted to see introduced. Records showed that the registered manager had acted upon people's suggestions. An example of this involved improvements being made to the way in which laundry was managed so that there was less chance of garments being lost or misplaced. Speaking about their involvement in the running of the service a person said, "I have a chat with staff and there are the meetings I can go to. The staff are good and my relative will speak with them for me if there's something extra I need. It's no problem because the staff are kind."

People and their relatives said that they knew who the registered manager was and that they were helpful. During our inspection visit we noted that the operations manager knew their way around the accommodation and we saw them talking with people who lived there and with staff. The senior care workers knew about the care each person was receiving and they also knew about points of detail such as which members of staff were on duty on any particular day. This level of knowledge helped them to effectively support the operations manager to run the service while the registered manager was on holiday.

We found that staff were provided with the leadership they needed to develop good team working practices that helped to ensure that people consistently received the care they needed. There was a senior care worker in charge of each shift on each of the floors and during out of office hours there was always a senior manager on call if staff needed advice. Staff said and our observations confirmed that there were handover meetings at the beginning and end of each shift when developments in each person's care were noted and reviewed. In addition, there were regular staff meetings at which staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way.

There was an open and relaxed approach to running the service. Staff said that they were well supported by the registered manager and they were confident they could speak to them if they had any concerns about another staff member. Staff said that positive leadership in the service reassured them that they would be

listened to and that action would be taken if they raised any concerns about poor practice.

The registered manager and operations manager had provided the leadership necessary to enable people who lived in the service to benefit from staff acting upon good practice guidance. An example of this involved them enabling staff to subscribe to a national scheme that is designed to promote positive outcomes for people who live with dementia. The scheme helped to ensure that staff received updated information about developments in good care practice. We saw that this commitment was reflected in the way that people who lived with dementia were supported to maintain and enjoy their independence while staying safe.