

St John's Home

# St John's 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

St Johns Home is a residential care home for people living with dementia. The accommodation for people is spread over two floors, the main communal areas were on the ground floor.

At the last inspection in May 2015, the service was rated 'Good'. At this inspection we found that the service remained Good.

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 were sufficient numbers of experienced staff working in the home to meet people's care and support needs. Staff had been subject to robust recruitment procedures prior to working in the home and received training in key areas that enabled them to understand and meet people's care needs. People were protected from the risk of harm because staff were confident in recognising and reporting to maintain people's safety. People could be assured that they would receive their prescribed medicines safely.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People had detailed individual plans of care in place that were reflective of their care needs to guide staff in delivering their care and support. People's needs were monitored closely and their plans of care reviewed to ensure they received appropriate care and support. People and their representatives had been involved in developing their plans of care which meant that people received consistent and personalised support.

People's health and well-being was monitored by staff and they were supported to access relevant health professionals in a timely manner when they needed to. People were supported to have sufficient amounts to eat and drink to help maintain their health and well-being.

Staff took time to get to know people and ensured that people's care was tailored to their individual needs. People had the information they needed to make a complaint and the service had processes in place to respond to any complaints.

People were supported by a team of staff that had the managerial guidance and support they needed to carry out their roles. The quality of the service was monitored by the audits regularly carried out by the registered manager and by the provider.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains good	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains good	<b>Good</b> ●

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## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 comprehensive inspection took place on 18 April 2017 and was unannounced. The inspection team consisted of an inspector and one 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. The expert by experience had experience in using care homes and community services for their relative.

Before our inspection, we reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with 14 people who used the service and two of their relatives. We spent some time observing care for five people living with dementia to help us understand their experience of the service. We spoke with four members of staff including two care staff, the deputy manager and the registered manager. We reviewed the care records of four people who used the service.

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.

## Is the service safe?

### Our findings

People continued to receive the care that they required to maintain their safety. People told us that the support they received made them feel safe and people's relatives had confidence in the ability of the care staff to ensure that people received safe care and support. Comments from people included "I feel safe because the carers look after me," "I feel safe, I don't know why or how to put it into words; it's just the whole atmosphere" and "I have no concerns at all about safety, staff are helpful and so I feel safe." One person's relative told us, "It is absolutely safe here, the staff tell us all the time what is going on, both formally and informally. It could not be better."

Staff were confident in the action that they should take if they had concerns that people may be at risk. One member of staff told us, "Any concerns I would talk to the manager to someone like CQC or the Council." Staff had received training in safeguarding people and the registered manager had ensured that appropriate alerts were made to the local authority.

People could be assured that they would receive their prescribed medicines. One person told us, "The staff make sure that I have my medicines at the same time every day." Staff had received training in the safe administration of medicines and senior staff regularly audited the administration of people's medicines and monitored the competency of staff in administering medicines safely.

There were sufficient numbers of staff working in the home that had been subject to robust recruitment procedures to provide people's care. One person told us, "There are enough staff, if they need to they get extra agency staff to work here too if someone is ill." The registered manager had increased staffing levels since our last inspection because they had identified that people living in the home had become more dependent upon staff to provide their care and support.

## Is the service effective?

### Our findings

People received care from staff that had received the training, supervision and support that they needed to provide effective, skilled care and support. There was an on-going staff training programme for care staff to refresh their knowledge in key areas such as safeguarding and manual handling. The supervision system for staff had recently been strengthened and staff told us that, "We get regular supervision and there is always one of the management team on hand if we need advice or support."

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. 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).

The management were knowledgeable and experienced in the requirements of the MCA and DoLS. Detailed assessments had been conducted to determine people's ability to make specific decisions and where appropriate DoLS authorisations had been requested from the local authority. Staff had received training in the MCA and DoLS and had a good understanding of service users' rights regarding choice; they carefully considered whether people had the capacity to make specific decisions in their daily lives and where they were unable, decisions were made in their best interests.

People had regular access to healthcare professionals and staff were vigilant of changes in people's health. Any changes in people's health were recognised quickly by staff providing support and appropriate referrals to healthcare professionals were completed in a timely manner. One visiting healthcare professional told us "The staff are vigilant and report any changes in people's health quickly."

People were supported to eat, drink and to maintain a healthy balanced diet. People who had been assessed as being at risk of not eating and drinking enough received the support that they required to maintain their nutritional intake. People were encouraged to eat and drink throughout the day and had access to snacks and drinks.

## Is the service caring?

### Our findings

People were enabled to be involved in planning their care and support and their preferences were respected by the staff providing their care. One person told us, "I like to have a bath once a week on the same day. The staff always help me. I have one of those super bubble baths; I feel like a new man after that, 10 years younger. They take me and look after me; I have no concerns at all now that I am here."

People were treated with dignity and respect. People were asked discreetly if they would like to use the bathroom and as people were assisted in moving from their chair the staff explained how they would be moved and encouraged them to assist themselves. People's preferences in relation to the gender of carer that supported them were respected by staff and recorded within their plans of care. Staff told us that they promoted people's dignity by ensuring that any personal care was delivered in private and by waiting to be invited into their room when they knocked on people's bedroom door before entering.

People were relaxed in the company of staff and clearly felt comfortable in their presence. Staff knew people well and engaged people in meaningful conversation. People's choices in relation to their daily routines and activities were listened to and respected by staff. Staff treated people as individuals, listened to them and respected their wishes. Staff were observed speaking to people in a respectful manner and offering people choices in their daily lives, for example if they wanted any snacks and where they wanted to eat their meals.

Staff were aware if people became anxious or unsettled and provided people with support in a dignified manner. Staff approached people calmly, made eye contact and held people's hand to provide reassurance. We observed staff supporting people with dementia to find their way around the home, to ease their anxieties and prevent them from becoming distressed.

## Is the service responsive?

### Our findings

People's needs were assessed prior to them moving into the home to ensure that the provider was able to meet their care and support needs. Thorough assessments of needs were completed and individual plans of care developed to guide staff in providing personalised care to people. One member of staff said, "The care plans are very good here. We can always see them on the computer and they are regularly updated so we know what care people need."

People received personalised care and support from staff that knew them well. People's plans of care were reflective of their current needs. For example, people's pressure relieving mattresses were set to the correct pressure for each person's weight and people were helped to change their position to relieve their pressure areas regularly as detailed in their care plans. People who required support with moving and handling to transfer also received this support in a safe and consistent manner. One person told us, "The staff know me so well, they make sure I have seed in my room so that I can feed the birds."

Feedback was sought from people living in the home through regular residents meetings and satisfaction surveys. Comments from people in the most recent satisfaction surveys included 'There is good food here and everyone are good friendly people' and 'The staff here are kind and caring.' The results of feedback from people was analysed and action taken in response to people's feedback.

The provider had a system in place to manage and respond to people's complaints appropriately. One person told us, "I made a complaint about the laundry, the manager responded to me very quickly and things have improved." When complaints had been received these had been investigated thoroughly and appropriate action taken in response to complaints from people.



## Is the service well-led?

### Our findings

The service was being managed by a registered manager who was visible and accessible to staff and people living in the home. 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 were robust quality assurance systems in place that identified any shortfalls in a timely manner and ensured that these were addressed quickly. Both the registered manager and the provider completed regular audits of key areas in the home to ensure that people were provided with effective care and support. The management team had clearly defined roles and worked well together to deliver a quality service to people living in the home.

There were systems and processes in place to assess, monitor and manage the risks relating to the health, safety and welfare of people using the service. People could be assured of receiving care in a home that was competently managed on a daily as well as long-term basis. Records relating to the day-to-day management and maintenance of the home were kept up-to-date and individual care records we looked at accurately reflected the care each person received. The management analysed incident and accident reports to try to identify trends that could be addressed to minimise incidents occurring again in the future.

The registered manager used feedback from people to continue to develop the service. Since our last inspection a summer house had been introduced in the grounds of the home to provide an area for people to meet with their relatives and have picnics. The service had introduced a quarterly newsletter to keep people and their relatives updated about key developments in the home and to share positive news stories.