St Johns Nursing Home Limited

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Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection was carried out on 19 October 2016. The inspection was unannounced.

We previously carried out an unannounced comprehensive inspection of this service in November 2014. Breaches of legal requirements were found because records relating to people's mental capacity were not always completed or clear, the procedures in place to ensure people received their medicines safely were not always appropriate and staff training was not up to date.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements. We undertook a focused inspection in June 2015 to check that they had followed their plan and to confirm that they now met legal requirements.

During this inspection we found the provider was meeting the regulations.

St Johns Nursing Home provides nursing and personal care for up to 58 people. At the time of our inspection there were 39 elderly people living in the home some of whom were living with dementia.

The home had a registered manager. 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.

People told us they were felt safe from abuse. Care was planned and delivered to ensure people were protected against abuse and avoidable harm. There was a sufficient number of suitable staff to help keep people safe and meet their needs. Staff had been recruited using a thorough recruitment process which was consistently applied. Appropriate checks were carried out before staff were allowed to work with people.

People's medicines were appropriately managed so they received them safely. Staff understood their responsibilities in relation to infection control. People were protected from the risk and spread of infection because staff followed the procedures in place. The home was clean and well maintained.

People were cared for by management and staff who had the necessary experience and knowledge to support them to have a good quality of life. Staff had received relevant training and were supported to obtain further qualifications relevant to their roles. Staff understood the relevant requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and how it applied to people in their care.

Staff enjoyed working with the people in their care. People were treated with respect, compassion and kindness. They were fully involved in making decisions about their care including what they ate and how they spent their time day-to-day. Where appropriate their relatives were also involved. The management and staff knew people well. They knew their routines and preferences and understood what was important

to them. People were supported to express their views and give feedback on the care they received.

Staff knew what constituted a balanced diet. People were given a choice of nutritious meals and had enough to eat and drink. People received the help they needed to maintain good health and had access to a variety of healthcare professionals.

People were supported to maintain their independence and avoid social isolation. People were supported to participate in a variety of activities inside the home and attend organised trips outside the home. Relatives were made to feel welcome and were regularly consulted about how people were supported.

The registered manager had worked in adult social care for many years and understood what was necessary to provide quality care. The home was well organised and managed. People's records including their medical records were fully completed and up to date. There were a variety of systems in place to regularly check and monitor the quality of care people received.

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.

The service had policies and procedures in place to minimise the risk of abuse. These were effectively implemented by staff. Risks to individuals were assessed and managed. People received their medicines safely.

Staff were recruited using appropriate recruitment procedures. There was a sufficient number of staff to help keep people safe. Staff followed procedures which helped to protect people from the risk and spread of infection. All areas of the home were clean and well maintained.

Is the service effective?

Good

The service was effective.

Staff had the necessary skills, knowledge and experience to care for people effectively. People received a choice of nutritious meals and had enough to eat and drink. People received care and support which assisted them to maintain good health.

The manager and staff understood the main principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DOLS).

Is the service caring?

Good

The service was caring.

Staff were caring and treated people with kindness and respect.

People received care in a way that maintained their privacy and dignity. Staff had an effective approach to end of life care planning which was provided with compassion.

Is the service responsive?

Good

The service was responsive.

People were involved in their care planning. The care people received met their individual needs.

There were a variety of activities available to stimulate people and help avoid social isolation.

Is the service well-led?

Good

The service was well-led.

The registered manager demonstrated good management and leadership. People using the service, their relatives and staff felt able to approach the management with their comments and concerns.

There were systems in place to regularly monitor and assess the quality of care people received.

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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 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 19 October 2016 and was unannounced. The inspection was carried out by an inspector, a nursing specialist 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. The expert-by experience's area of expertise was elderly care.

Before the inspection, we reviewed all the information we held about the service. This included routine notifications sent by the provider about issues affecting people using the service, the provider's statement of purpose and the previous inspection report.

During the inspection we spoke with 13 people living in the home and two of their relatives. Some of the people living at the home were living with dementia and were not fully able to tell us their views and experiences. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spent time observing the care and support people received in the dining room during lunchtime.

We spoke with six members of staff as well as the deputy and registered managers. We looked at eleven people's care files, five staff files, the service's policies and procedures and records relating to the maintenance of the home and equipment.

Good

Is the service safe?

Our findings

People felt safe living in the home. One person said, "I feel very safe here." A relative told us, "I'm confident [the person] is safe." Staff had received safeguarding training as well as other training which kept people safe, such as moving and handling, food hygiene and infection control.

People were protected from the risk of abuse because the provider had taken reasonable steps to prevent abuse from happening. The provider had safeguarding policies and procedures in place including a whistle-blowing procedure which staff were familiar with and knew how to apply in practice. Staff had good knowledge of how to identify abuse and report any concerns. Staff told us they would report one of their colleagues if they had any concerns that their behaviour towards a person was inappropriate. A staff member commented, "I know my residents, and I would have no problem whistleblowing if I saw something wrong. Their care comes first."

Risks to people's safety were managed well so that people were protected from avoidable harm. People's care plans included personalised risk assessments. These included the risks associated areas such as, nutrition and hydration, moving and handling people and abuse. People's freedom was respected. We observed there were no unnecessary restrictions on people's freedom to go out or to move around the home as they pleased, although the nature of many people's conditions meant that they relied on staff to assist them.

The staffing levels in the home were sufficient to meet the needs of people and help keep them safe. Management reviewed staffing levels when there was a change in a person's needs and when a new person planned to move into the home.

We saw evidence that appropriate checks were undertaken before staff began to work with people. These included criminal record checks, obtaining proof of their identity and their right to work in the United Kingdom. Professional references were obtained from applicant's previous employers which commented on their character and suitability for the role. Applicant's physical and mental fitness to work was checked before they were employed. This minimised the risk of people being cared for by staff who were unsuitable for the role.

People received their medicines safely because staff followed the service's policies and procedures for ordering, storing, administering and recording medicines. Each person had a medicine profile which gave information about their medicines, when and how it should be taken and in what dosage. Medicines were only administered by registered nurses. Staff were required to complete medicine administration record charts. The records we reviewed were fully completed. There were protocols in place for 'as required' medicine, giving guidance to staff on the type of medicines to give and when people needed to receive them. These measures helped to ensure that people received the medicines they required safely.

People were protected from the risk and spread of infection because staff followed the home's infection control policy. There were effective systems in place to maintain appropriate standards of cleanliness and

hygiene. People's rooms and the communal areas of the home were clean and tidy, and free from unpleasant odours. Staff had received training in infection control and spoke knowledgably about how to minimise the risk of infection. Staff had an ample supply of personal protective equipment (PPE), always wore PPE when supporting people with personal care and practised good hand hygiene.

The home was of a suitable layout and design for the people living there. Floor areas were generally uncluttered with space for manoeuvring chairs and hoists safely.
The home was well decorated and well maintained. The utilities and equipment were regularly serviced and where necessary repairs were carried out in a timely manner. Staff had sufficient equipment to support people safely.

Good

Is the service effective?

Our findings

People were cared for and supported by staff who had the knowledge, skills and experience to carry out their roles and responsibilities effectively. People living in the home commented, "I think they are experienced and well trained" and "I am well looked after by the staff." A relative commented, "They are all very good"

The provider adequately supported staff to enable them to meet the needs of people living in the home. Before staff began to work with people they had an induction which introduced them to the main policies and procedures of the home. Thereafter, staff received regular supervision and performance reviews. During supervision meetings staff had the opportunity to discuss the needs of people living in the home and any issues affecting their role. They were also set performance targets. During annual performance reviews the manager checked staff performance against core competencies and their training needs were identified.

Staff had received internal and external training in the areas relevant to their roles such as administering medicines, infection control and manual handling. The registered manager had a system in place to identify where staff training was next due. Staff were encouraged and supported to up-skill and obtain further qualifications relevant to their roles. This minimised the risk of people receiving care that was inappropriate or unsafe.

People told us and we observed that people were asked for their consent before care and support was delivered. One person told us, "They respect my wishes." A relative told us, "They do ask for her consent and she decides what she wants."

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. We checked whether the service was working within the principles of the MCA. Staff understood the main principles of the MCA and the specific requirements of Deprivation of Liberty Safeguards (DoLS) and knew how they applied to people in their care. Staff told us of the importance of allowing people to make their own decisions and the action they would take if they felt a person lacked capacity to make a particular decision.

DoLS requires providers to submit applications to a "Supervisory Body" if they consider a person should be deprived of their liberty in order to get the care and treatment they need. There were appropriate procedures in place to make DoLS applications which staff understood and we saw that they were applied in practice. Several applications had been made by the registered manager.

The service was following the MCA code of practice and made sure that people who lacked capacity to make particular decisions were protected. Where people were unable to make a decision about a particular aspect of their care and treatment, best interests meetings were held.

People's nutritional needs were assessed and where appropriate nutritional specialists were involved in their care planning. We saw that where people required a special eating plan, this was provided by staff. People were given a choice of nutritious meals and supported to have a balanced diet. People told us they had a sufficient amount to eat and drink and that they were satisfied with the quality of food they received. We observed that people's meals looked appetising and that they were given a choice. One person told us, "I am happy with the food. It's very good and there's plenty of it." Another person commented, "I eat well. I couldn't do better myself so I have no complaints." A staff member commented, "They can have as much as they want." People who required assistance to eat were supported to do so at a pace that suited them.

Staff supported people to maintain good health. For example, people were weighed regularly to check they maintained a healthy weight. Nursing interventions had a positive impact on people's health. For example, people who had been admitted to the home with pressure sores saw a rapid improvement in their skin condition through regular re-positioning and the appropriate use of dressings and pressure relieving mattresses. People had health targets and their goals were regularly evaluated and the outcomes recorded. Basic checks such as, blood pressure and weight were carried out monthly.

People were registered with a GP and staff supported people to attend appointments with external healthcare professionals. People told us they felt able to see a doctor whenever they wanted to. We saw that the home kept records of people's healthcare appointments and that staff followed recommendations made by external healthcare professionals to improve or prevent deterioration of people's health conditions.

Good

Is the service caring?

Our findings

People spoke fondly about the staff and told us they were kind and caring. Comments included, "The staff are lovely", "The staff here are really nice" and "I like living here", A relative commented, "[The person] is content here and gets on well with the staff." Another relative told us, "They are genuinely caring."

The atmosphere in the home was happy and relaxed. We observed that staff supported people at a pace that suited people using the service. Staff and people were at ease with each other. Staff spoke in a kind, caring and friendly manner, and people were treated with respect. People told us staff respected their privacy. One person told us, "They will leave me in my room when I want to be alone."

Staff had a positive attitude to their work and told us they enjoyed caring for people. Staff knew the people they supported well and this was evident in their interaction. One staff member told us, "A lot of us have been working here for years. That's because we enjoy our jobs."

People were involved in their needs assessments and were actively involved in making decisions about their care. People felt in control of their care planning and the care they received. One person told us, "I worked through the assessment process with them to decide what I need." A relative told us, "We are very involved."

There were arrangements in place which enabled people and their relatives to express their views. People had opportunities to raise issues about their care plan such as, during residents meetings and care plan reviews. Many people had relatives who were regularly in contact with the service and some acted as their advocates. A relative told us, "[The person] will speak up for herself and others but we would also feel comfortable to ask questions."

People's values and diversity were understood and respected by staff. People told us and records demonstrated that people from other cultures were enabled to eat the type of food they preferred. One person told us, "They make the effort to get a few of us the food we're used to and I appreciate that. The food is very nice." Visitors were encouraged. Relatives told us they went to the home regularly and were always made to feel welcome. One relative commented, "We visit regularly." Another relative told us, "They're always welcoming and friendly."

The home had an effective approach to end of life care planning for those people who wished to do so. This meant that people were consulted and their wishes for their end of life care were recorded and acted on. People and their relatives felt they were in control of the decisions relating to their end of life care and that the issue was dealt with sensitively. Staff supported people to be as comfortable and pain free as possible as they approached the end of their lives. We saw several thank you messages from relatives of people who had received end of life care at the home. They commented on the kindness and compassion shown by staff.

Good

Is the service responsive?

Our findings

People were satisfied with the care and support they received. Comments included, "I love living here. The staff are really lovely and I love the atmosphere", "I'm quite content" and "I'm happy. I have no complaints."

People and their relatives told us they were involved in the care planning process. People's needs were assessed before they began to use the service and re-assessed regularly thereafter. People's assessments considered their dietary, social, personal care and health needs. People's specific needs and preferences were taken into account in how their care was planned.

Care plans had special instructions for staff on how the person wanted their care to be delivered, what was important to them and information about how to meet people's individual needs. For example, people's care plans detailed their daily routine including how the preferred to be supported with their personal care and what time they liked to go to bed.

There was continuity of care. People were supported by staff who had worked at the home for many years and bank staff who had worked at the service before. This meant that staff were familiar with the needs of people they cared for, knew them well and were aware of their preferences. Staff worked sufficiently flexibly so that where there was a change in a person's circumstances, they were able to meet their needs without delay. Where for example a person complained of pain, records indicated they received medical attention promptly. Where specialist treatment was required, referrals were made without delay.

Care was delivered in accordance with people's care plans. People told us they received personalised care that met their needs and we saw many instances of this. For example, where people had medical conditions which required a special diet plan, they received the diet set out in their plan. Staff had received specialist training to meet the particular care needs of people living in the home such as, equality and diversity and dealing with behaviour that challenged others. This assisted staff to deliver care appropriately.

People's rooms were personalised and reflected their gender, age and interests. One person told us, "I'm very happy with my room. I spend quite a lot of time in there because I have all my personal bits in my room , even my own furniture."

People were supported to follow their interests and spend time day-to-day in the way they preferred. The provider employed an activities co-ordinator. Each person had an activities record which detailed their interests, the activities they wished to participate in and the activities they had participated in. There were a variety of group and one to one activities on offer which people told us they enjoyed. People were also supported to go out of the home. There had been several group trips over the summer period which people told us they particularly enjoyed. One person told us, "I get to go out as often as I want to." Other people commented, "I love going shopping in Croydon. I go all the time and one of the staff comes with me" and "I do more than I used to." A relative told us, "I know people particularly enjoy the day trips to the seaside."

Staff encouraged people to help with daily tasks which helped to make people feel they mattered and were

valued. Before lunch one person entered the dining room and said they had come to do their job. A staff member handed the person a pile of napkins and they began to fold them. As they did so the person commented, "This is my favourite job. I love doing this." .

People and their relatives had regular opportunities to give their views on the care they received. These included surveys as well as residents and relatives meetings. The residents meeting agenda was in a pictorial format to enable everybody living in the home to participate. Records indicated there was good participation in these meetings and that a variety of issues were discussed by people such as, staffing, planned activities and plans for the service. Relatives told us they were given the opportunity to make suggestions and comments directly to the registered manager. There was also a keyworker system in operation which enabled people to raise any issues with a member of staff they knew well.

There was an appropriate procedure in place for receiving, recording and responding to complaints. People told us they knew how to make a complaint and would do so if the need arose. One person told us, "I would have no problem complaining but so far I have no complaints at all." A relative told us, "I'm sure that if we made a complaint it would be looked in to."

Good

Is the service well-led?

Our findings

People living at the home, their relatives and staff were of the view that the service was well organised and well managed. People told us the registered manager was accessible and approachable. They told us the registered manager was open to suggestions for improving the service. One person told us, "Matron [the registered manager] is always around and will stop for a chat. If there was anything I am unhappy about I'd speak to matron." A relative commented, "The manager is very good."

There was a clear management structure in place at the home which people living in the home, their relatives and staff understood. Staff knew their roles and responsibilities within the structure and this was embedded during supervision meetings. People knew who their keyworkers were, as did their relatives. People, their relatives and staff knew who to approach with their concerns. They also knew how to escalate concerns.

Staff felt supported by the manager. It was evident that staff and the manager worked well as a team to ensure people received continuity of care. One staff member commented, "We support each other. There is no them and us." Staff told us the home was a pleasant working environment and that they enjoyed working there. They felt able to discuss issues which affected their role, had regular supervision and the opportunity for personal and professional development.

The registered manager held separate meetings with the nurses and care staff several times per week where staff were given guidance on good practice, discussed the needs of people living in the home, as well as incidents which had occurred and how to avoid a repetition. Staff felt able to raise any concerns and get guidance from the registered manager in group meetings and on a one to one basis.

There were appropriate arrangements in place for checking the quality of the care people received. As part of their daily checks, the registered and deputy managers observed staff interaction with people and checked the standard of cleanliness in the home. They also regularly checked care and medicine records, staff training and supervision. People's care plans were evaluated regularly to check they were meeting their current needs.

The maintenance and security of the home was regularly checked. Records confirmed that fire alarms, detectors and extinguishers were checked by staff and an external company. The management also conducted monthly audits of a variety of aspects of the service to check that they were meeting the meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The manager sought to improve the quality of care people received by obtaining feedback in a variety of ways from people living in the home, their relatives and staff, and acting on it. People living in the home gave their feedback on staff, their meals and activities on offer through regular surveys. They also had the opportunity to give feedback during residents' meetings. Relatives attended meetings with the registered manager where they gave their feedback and were consulted on the development plans for the service.

We requested a variety of records relating to the people using the service, staff and management of the service. People's care records, including their medical records were fully completed and up to date. People's confidentiality was protected because the records were securely stored and only accessible by staff. The staff files and records relating to the management of the service were well organised and promptly located.