Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

St Johns House

St Johns House, Parker Lane, Kirk Hammerton, YO26 8BT

Tel: 01423330480

Date of Inspection: 29 May 2014

Date of Publication: June 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Clifton St Annes PCS Limited
Registered Manager	Ms Andrea Marks
Overview of the service	St Johns House provides accommodation and personal care for up to 36 older people. The home is a large manor house converted and extended for its current use. The home is set within its own grounds and is situated on the outskirts of Kirk Hammerton village, mid way between Harrogate and York.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 29 May 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information sent to us by local groups of people in the community or voluntary sector.

What people told us and what we found

A single inspector carried out this inspection. The focus of the inspection was to answer five key questions; is the service safe, effective, caring, responsive and well led?

Below is a summary of what we found. The summary describes what people using the service, their relatives and staff told us, what we observed and the records we looked at.

If you want to see the evidence that supports our summary please read the full report.

Is the service safe?
Systems were in place to make sure that managers and staff learned from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations. This reduced the risks to people and helped the service to continuously improve.

The service had policies and procedures in place in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards (DOLS). There was no one currently using the service who had a DOLS in place. The provider knew how to request an assessment if this was required. Staff received safeguarding and Mental Capacity training. This meant people would be safeguarded as required.

When people were identified as being at risk, their care plans showed the actions that would be required to manage these risks. These included the provision of specialist equipment such as pressure relieving mattresses, hoists and walking aids.

People were protected from the risk of infection because staff followed good infection control practice and these practices were monitored regularly.

There were sufficient care workers to respond to people's health and welfare needs. A

person who used the service told us, "The staff are very good, they know what they are doing. We have the right kind of staff."

Is the service effective?
People's health and care needs were assessed with them, and they were involved in developing their plans of care. People told us they were included in making decisions about how their care and support was provided.

New staff had received relevant induction training which was targeted and focussed on improving outcomes for people who used the service. This helped to ensure that the staff team had a good balance of skills, knowledge and experience to meet the needs of people who used the service.

Is the service caring?
We saw staff were attentive and respectful when speaking with or supporting people. People looked well cared for and appeared at ease with staff. The home had a relaxed and comfortable atmosphere. People told us staff were 'exceptional.' One person said "the staff are wonderful; there is always something to occupy us, I have been learning the recorder and I sing in the choir." And another person said "the staff are wonderful, it's lovely here."

Is the service responsive?
People's needs were met in accordance with their wishes. We saw evidence of the service ensuring people were able to continue with interests and hobbies; for example the residents choir and recorder group.

People we spoke with knew how to make a complaint if they were unhappy.

People using the service, their relatives and other professionals involved with the service completed an annual survey. This enabled the manager to address any shortfalls or concerns.

Is the service well-led?
The service had a quality assurance system, and records showed that identified problems and opportunities to change things for the better had been addressed promptly. As a result we could see that the quality of the service was continuously improving.

Staff told us they were clear about their roles and responsibilities. Staff had a good understanding of the ethos of the home and the quality assurance systems in place. This helped to ensure that people received a good quality service. They told us the manager was supportive and promoted positive team working.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We saw that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

The manager explained that prior to admission they would meet the individual and carry out a pre admission assessment to determine whether the service was able to meet the person's needs. The manager went on to say that the assessment would include other people such as families and other professionals. They said if at all possible a visit to the service would be arranged. This provided an opportunity for the person to decide if they wanted to live there and for everyone to meet each other.

Once the individual moved into the home a care plan was developed to provide comprehensive information for staff about how to provide support in a manner which met with the person's preferences and needs safely. We looked at four care plans and saw that they contained an assessment completed on admission which detailed people's needs, with a follow up comparative assessment six weeks later. We then saw further care plans covering areas such as personal care, mobility, nutrition, daily and social preferences and health conditions. We saw emergency care plans for people with long term conditions for example diabetes. This information helped staff ensure they knew what action to take in the event of an emergency. We saw the information contained in care plans was very detailed and individual to the person. We also saw corresponding risk assessments in place which supported people to remain as independent as possible with identified safeguards in place.

We could see that people's care had been reviewed and their plans amended. For instance we saw that one person had been referred to the dietician where it was identified the person was struggling with conventional cutlery. Adapted cutlery was provided and the person had then regained the weight they had lost. Another person had an increase in risk of pressure sores identified and had been referred to the district nurse and had been provided with a pressure relieving mattress. This evidenced that peoples' changing needs

had been monitored and appropriate action was taken.

We saw that people had access to health services such as the GP, chiropodist, dentist and district nursing services. Every care plan we reviewed contained a 'pink passport' which contained essential information for people to take into hospital with them.

We spoke with three members of staff about the records we had looked at and we found them to be knowledgeable about the people they cared for. They were able to describe people's needs and how they provided care for them.

During our visit we observed the care and support that was being provided. We saw that staff acted in kind and respectful ways. People looked well cared for and appeared at ease with staff. The home had a relaxed and comfortable atmosphere. We saw that staff crouched down to talk to people at eye level and they spoke at a pace that was comfortable for the person. We saw that staff treated people with respect.

We spoke with staff about the arrangements in place to ensure people had access to meaningful activities. The service employed four par time activities organisers working across seven days per week. Each had different skills and qualities for example, one person took responsibility for arranging trips out and external entertainers; such as singers and animal visits, another focused on craft type activities and another assisting people to maintain individual interests. We were told about the Guinness book of records award for the oldest choir and were also told that the home had a group learning to play the recorder. One person told us a small group visited the local school every week and listened to children read. We spoke to another person who said the bar set up on the first floor had been their suggestion. They told us there was a bar night every week. The home had a minibus to enable people to go out on trips; people spoke of a recent trip to the coast which had been enjoyed. This meant that the service took account of and responded to people's individual interests.

We spoke to six people and one visitor about the care and support provided. Without exception people said they were very satisfied with the care and support they received. They said staff were 'exceptional.' One person said "the staff are wonderful; there is always something to occupy us, I have been learning the recorder and I sing in the choir." And another person said "the staff are wonderful, it's lovely here."

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We saw the provider had safeguarding and whistle blowing policies (telling people) in place, to provide staff with guidance about protecting people from abuse. The staff we spoke with were aware of the different types of abuse and described how they would respond if abuse was suspected or happening.

Staff told us they had received safeguarding training. The training records confirmed this. This helped to make sure staff were aware of their role and responsibilities in identifying, reporting and recording abuse.

There had been one safeguarding referral and we saw evidence that the provider had responded appropriately to any allegation of abuse and worked positively with other agencies to ensure people were kept safe.

Staff had received training about mental capacity and deprivation of liberty as part of their safeguarding training. This meant staff had the knowledge and skills regarding capacity issues to ensure that decisions were being made on someone's behalf only when it was deemed in their best interests to do so and only when this had been progressed through the appropriate channels.

We reviewed the systems in place to manage people's finances when they were unable to do so themselves. This included daily and weekly audits of receipts and cash balances. This helped protect people from financial abuse.

We found important information had been checked to make sure those using the service were not at risk from staff who were unsuitable to work with vulnerable people. The manager told us two references would always be obtained as would a Disclosure and Barring Service check (previously called Criminal Records Bureau (CRB) check) to make sure people employed were suitable to work with vulnerable adults.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People had been cared for in an environment that was well maintained and staff followed infection control procedures to ensure that the environment was kept hygienic.

Reasons for our judgement

People were protected from the risk of infection because appropriate guidance had been followed.

We looked at most areas of the home as part of our inspection. We found that all the communal areas and shared facilities were clean and hygienic. All the bedrooms and bathrooms we looked at were also clean and hygienic with a supply of hot water, hand washing soap and paper towels. We saw separate bins were provided for soiled laundry and used paper towels. We looked at some equipment such as hoists and wheelchairs.

During our visit we saw a member of the domestic staff was checking and cleaning rooms. They had a well-equipped trolley with a range of cleaning products and personal protective equipment (PPE) available to them. We saw they used gloves and aprons appropriately to protect themselves and also reduce the likelihood of the risk of spread of infection. There was a daily cleaning rota in place which covered all the communal areas of the home and the bedrooms. There was also a deep cleaning task list that was followed which included tasks that were carried out less frequently than every day such as washing carpets. As part of regular quality assurance audits mattresses were checked to ensure they remained clean and hygienic.

Staff undertook infection control training and periodic updates. This ensured that all staff were aware of up to date infection control guidelines and practices that should be followed. We observed that staff were wearing personal protective equipment when carrying out any personal care or assistance with things like eating. We also saw staff frequently washing their hands. When we spoke with staff they showed a good understanding of infection control processes and were able to tell us what measures they would take to minimise the risks of spreading germs and infections and precautions in the event of an outbreak of infection.

When we spoke with people who used the service and relatives they told us staff always wore gloves when providing hands on care and were always clean and tidy. One person told us "The staff make sure they are nice and clean and they make sure we are too".

We did not check the kitchen on this visit, however the manager told us Harrogate Borough Council had awarded them a food hygiene rating of 5 (very good).The manager explained safe food hygiene practices were used. Colour coded chopping boards were used to ensure that different types of food were prepared separately. Fridge temperatures were recorded on a daily basis. There was a deep clean timetable in place covering tasks such as cleaning walls, skirting boards, chairs and tables, ledges, tiles and the crockery cupboard. There were set tasks for each day and staff working in the kitchen were responsible for ensuring these tasks were completed on the appropriate day. This helped ensure people were not placed at risk of infection.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We discussed staffing levels with the registered manager. They informed us that staffing levels were calculated against numbers of people and their dependency levels. The manager explained they were able to increase staffing for example for staff to attend an external appointment with people or if an individual required additional support. The manager went on to say that the staff team was very stable and most staff had worked at the home for many years.

The manager confirmed on the day of the inspection there were 32 people living at the home. The registered manager told us that throughout the day there were 5 staff on duty during the morning with 4 staff during the afternoon early evening; overnight there were 2 staff on duty; this was the case on the day of our visit and was reflected in the staff rota we saw. We saw from the rota that there was an overlap in shifts in order to provide sufficient time for staff to handover relevant information about people. Care staff were supported by activities organisers and ancillary staff to cook meals, complete laundry and clean the home.

We spoke with people who lived at the home and they said they felt there were enough staff. One person said "I am always attended to promptly, there are always enough staff around" Another person said "Staff are very busy but they do have time to spend with me, we never have to wait"

We spoke with staff who said they thought there were sufficient staff and that although they were busy they still had time to spend with people. Staff told us they felt the team was supportive.

Our observations on the day of our inspection indicated that there were sufficient staff available to meet people's needs; we saw people being assisted promptly and we saw that staff had time to spend socialising and engaging with people.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others.

Reasons for our judgement

The manager explained there were a range of quality assurance systems in place to help determine the quality of the service the home offered. This included formal auditing, meeting with senior managers and talking to people who received a service and their relatives. Audits ranged from regular daily, weekly, monthly and annual checks for health and safety matters such as passenger lifts, firefighting and detection equipment to other audits which helped determine where the service could improve and develop.

The manager told us a senior manager completed a monthly audit at the service which included talking to staff and people who used the service to gather their views. From this and the manager's own audits an action plan was developed with time scales for completion.

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

The service had carried out an annual satisfaction survey. Results had been collated and analysed and action plans put in place in response to these which were agreed and actioned. Additionally residents meetings were held twice a year; the setting up of a bar area in the home was as an outcome of one of these meetings.

The manager told us she delivered people's newspapers every morning and as such took the opportunity to check how people where. Every Tuesday the manager held 'breakfast with the manager' which they explained provided another opportunity to engage with people and gather their views.

We saw that a complaints procedure was in place which outlined the action that people could take should they have a concern or complaint. The home had received one complaint since the previous inspection; the records indicated the service's complaints procedure had been followed and the complainant had been satisfied with the outcome. People we spoke with knew how they could make a complaint if they were unhappy and said that they had confidence that any complaints would be responded to.

Staff meetings had been held at regular intervals, which had given staff the opportunity to share their views and to receive information about the service. Staff told us that they felt able to voice their opinions, share their views and felt there was a two way communication process with managers. Staff told us they were clear about their roles and responsibilities.

The manager explained that the provider was a member of Independent Care Group; a professional organisation which provides support for care providers via conferences, newsletters and weekly emails to update on current issues and changes within care provision. This had helped contribute to ensuring people received a good quality service at all times.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk