

R & E Kitchen

St Johns Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 6, 8 and 10 September 2018 and was unannounced.

St Johns Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

St Johns Nursing Home accommodates up to 38 people in one adapted building over two floors. There were 25 people at the service at the time of inspection. People living at the service were older persons with nursing care needs, some of whom were living with dementia.

At our last inspection in January 2018, we found widespread shortfalls within the safety and governance of the service. We identified seven breaches in six regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Care Quality Commission (Registration) Regulations 2009. The home received an overall rating of inadequate and was put in special measures.

We issued warning notices for more serious breaches of Regulations 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and requirement notices for the other regulations breached.

Following the last inspection, we met with the provider and imposed four conditions on their registration. This helped us monitor the progress of improvements made to help ensure the safety of people living at the service. The provider sent us regular action plans and audits to demonstrate how they had made and sustained required changes. We also stipulated that the provider required written permission from CQC before admitting new people to the home.

The service did not have registered manager in place at the time of our inspection. 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. Since the last inspection, the registered manager had left and no longer worked for the provider. The new manager had been in place since February 2018. At the time of inspection, their application to register as manager with CQC was in progress.

The manager had overseen significant improvements since the last inspection. The provider had met the requirements of the regulations which were breached at our last inspection.

There was a clear governance structure within the service, staff understood their roles and there was a calm and organised atmosphere in the home. The manager had implemented effective systems to oversee the quality and safety of the home. They had formulated and implemented plans to make improvements to

areas which needed addressing and used audits and checks to assess how effectively these changes had been embedded.

The provider had worked with different stakeholders to identify issues and put in place plans to make improvements. We received positive feedback from health and social care professional about how the service was managed.

People, relatives, staff and professionals told us that the manager had instilled a positive culture at the service and that she was professional and approachable. The manager listened to complaints and feedback, using them to identify how improvements could be made.

However, we identified a breach in regulation around the provider's recruitment processes. The provider did not always ensure that the required recruitment checks were carried out before staff started working at the service.

There were enough staff in place to meet people's needs. The provider had recruited permanent nursing and care staff to decrease the reliance on agency workers. Staff were supported with appropriate training and ongoing support in their role.

Staff were competent and caring and understood how to provide effective care which met people's needs. People were treated with dignity and respect and the provider had processes in place to ensure appropriate consent to care was sought.

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

People received personalised care which reflected their preferences. The manager used a range of assessment tools to determine appropriate care and treatment plans. Care plans reflected these needs and were regularly reviewed to ensure they contained up to date information. People and their relatives were consulted about their care and told us the home was a suitable place to live in.

The provider was committed to providing compassionate end of life care to people. Staff had received training in end of life care and the manager had made arrangements for people and families to have comfortable, private spaces during people's last days.

Risks to people were assessed and mitigated. There were clear plans in place to provide effective support around risks to people's health and wellbeing and the environment was a safe place for people to live in. People had access to healthcare services when required.

There were safe systems in place to manage people's medicines. People received a diet in line with their needs and preferences. Staff were attentive to people's needs and understood how to provide comfort and reassurance to them.

People were safeguarded against the risks of abuse and harm. Staff understood their responsibility in keeping people safe and the manager had taken appropriate action when concerns arose. The manager had made CQC aware of significant events which took place in the home.

The home was a clean and hygienic environment and there were systems in place prevent the risk of infections spreading.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures. However, the provider still had improvements to make in their recruitment processes and therefore the service is rated requires improvement overall.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

The provider did not always make the appropriate checks when recruiting staff.

There were sufficient numbers of staff in place to meet people's needs.

Risks to people were assessed and mitigated.

There were safe systems in place to manage people's medicines.

There were systems in place to protect people against the risk of infections spreading.

Processes were in place to protect people against the risk of abuse and harm.

Requires Improvement ●

Is the service effective?

The service was effective

Staff had access to training and ongoing support in their role.

There were policies and procedures to help ensure the provider gained appropriate consent to care.

The environment was suitable for people's needs.

The manager made appropriate assessments to ensure people's needs were met.

People followed a diet in line with their requirements and preferences.

People had access to healthcare services as required.

Good ●

Is the service caring?

The service was caring.

Good ●

People were treated with dignity and respect.

People were involved in making decisions about their care.

Staff were caring and attentive to people's needs.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care.

There were systems in place to ensure people's complaints were handled appropriately.

The service had an empathic and caring approach to providing end of life care.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The manager had overseen significant improvements in safety and quality, but still required time to embed safe practice around the provider's recruitment procedures.

The provider worked effectively with stakeholders to improve safety and quality at the home.

There was a clear governance structure in place and people, relatives, staff and professionals told us the management were open, approachable and professional.

The manager carried out a series of audits, which had been effective in monitoring the quality and safety of the service.

The manager used feedback to make improvements to the service.

The manager had informed CQC about significant events at the home.

St Johns Nursing 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 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 4, 6 and 10 September 2018 and was unannounced. One inspector and two Experts by Experience carried out the first day of inspection. 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 experts for this inspection had experience caring for relatives living with dementia. One inspector carried out the second and third day of inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed previous inspection reports and notifications we had been sent by the provider. A notification is information about important events which the service is required to send us by law. We also spoke to three social workers who had recent experience of working with the service.

During the inspection, we spoke with seven people and six relatives. We also spoke to five relatives via telephone calls. We also spoke with the manager, the provider, the deputy manager, the operations manager and seven nursing, care or ancillary staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at care plans and associated records for seven people and records relating to the management of the service. These included nine staff recruitment files, records of complaints, accidents and incidents, and quality assurance records. We observed care and support being delivered in communal areas.

The home was last inspected in January 2018 when the service was rated inadequate.

Is the service safe?

Our findings

The provider's recruitment processes were not always safe. We found that staff had commenced working with people without having gone through the necessary recruitment checks to determine their experience, qualifications and character. We checked eight staff recruitment files and found that all eight had some recruitment documentation missing. In five files we found that candidate's full employment history was missing. Three files we viewed were missing references from previous employment and three files were missing copies of proof of identification. Three candidates did not have details of a recent DBS check and the manager and operations manager could not confirm whether these checks had taken place. A DBS check helps employers make safer recruitment decisions by identifying applicants who may be unsuitable to work with vulnerable adults.

The manager had recognised the shortfalls within the service's recruitment processes. However, they had not developed a safe and robust system to mitigate the risks of unsuitable staff being employed, or acted to consider the risk of existing staff working with people without appropriate checks in place.

The provider had carried out a full audit of the staff files and identified significant gaps in many staff's recruitment documentation. However, there was no documented consideration of the suitability for employment in light of the absence of key recruitment documentation. There was also no evidence that the provider had considered a modified induction for staff to fully assess their values and behaviours. This meant there was the potential that unsuitable staff may have been working with people.

There was a 'recruitment checklist' which was designed to be used by senior members of staff to check staff had gone through proper checks prior to starting work. However, this had not been fully implemented and therefore it was unclear how effective this was in mitigating the risk of unsuitable staff working with people.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as recruitment procedures must be established and operated effectively to ensure suitable staff are employed.

There were enough staff in place to meet people's needs. The provider had overseen a recruitment drive since the last inspection after identifying an over reliance on agency nursing and care staff. At the time of inspection, the service did not have any staff vacancies. The manager calculated staffing levels using a dependency tool. This tool determined appropriate staffing levels by assessing people's needs and deploying suitable numbers of staff to meet these needs.

People told us there were enough staff available and that they did not have to wait long for staff to attend to their needs. People had call bells in place which enabled them to call for staff assistance when required. One person said, "I have a call bell that I can ring, which staff are quick to answer." The manager monitored staff response times to call bells to help ensure people were being attended to promptly. We checked call bells records for August 2018 and found that call bells were answered quickly within two minutes. . This demonstrated that there were sufficient staff available to attend quickly to people's needs.

At a comprehensive inspection in January 2018, we found the service was not always safe. We found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were not effective systems for ordering, administration, recording and storage of medicines. This meant that some people missed medicines, received other people's medicines, received their medicines at the incorrect times and in some cases it could not be determined which medicines had been administered. At this inspection we found significant improvements had been made to the overall medicines management system. The provider was no longer in breach of this regulation.

At our last inspection, we found a number of medicines errors had taken place, with some errors taking place whilst the inspector was at the service. At this inspection we found that there had been a significant reduction in medicines errors. People's medicines records were organised, clearly detailing their prescribed medicines, dosage and prescribed time of administration. We looked at the medicines administration records (MAR) for four people and found that these had been accurately completed. This demonstrated that there were effective systems in place to record the medicines people had been administered.

Since the last inspection, the provider had made improvements to medicines storage facilities. This ensured that medicines were stored securely and in line with manufacturer's guidelines. At the last inspection, we found that some medicines were being stored in a fridge in the kitchen, which was not a secure setting for medicines storage. At this inspection we found that all medicines were stored in a locked medicines room, which had adequate refrigerated storage units for medicines which required refrigeration. They had recently moved the location of the medicines room due to the summer heat. The new storage facility was air conditioned and proved a more suitable environment. The manager monitored the temperature of storage areas to ensure that medicines were stored within manufacturers guidelines.

The manager carried out regular audits of the medicines management at the home. They had also invited the Clinical Commissioning Group and a local pharmacy to carry out audits of their medicines management system. There were only minor recommendations from these audits. The manager implemented changes to medicines storage and auditing because of this feedback.

At a comprehensive inspection in January 2018, we found the service was not always safe. We found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were not effective measures in place to mitigate risks to people. This included ineffective emergency planning, unsecured fire exits, poor management of risks associated with dehydration and malnutrition and ineffective communication systems to mitigate risks to people. At this inspection we found significant improvements had been made and the provider had systems in place to assess and mitigate risks to people. The provider was no longer in breach of this regulation.

The manager had reviewed and updated all personal evacuation plans to ensure that there were appropriate plans to keep people safe in an emergency. There were contingency plans in place to help keep people safe in the event of other emergencies such as loss of electricity, or if the home became inhabitable. Staff were knowledgeable about actions required to keep people safe in an emergency.

At our last inspection, we found a fire door leading out to a main road did not have an alarm system fitted which would alert staff in good time if people exited through the door. Since the last inspection, the provider had replaced the alarm to ensure it sounded immediately when the door was opened. Records confirmed the provider tested all emergency equipment to ensure it was in good working order. This helped to keep people safe.

At our last inspection, we found there were ineffective systems for staff to pass on key information about

risks related to peoples' health and wellbeing. Handover information between staff contained contradictory, outdated and inaccurate information. Since the last inspection, the manager had implemented a daily meeting between senior staff where key information about people's health and wellbeing was reviewed. These meetings were used to assess how risks such as dehydration or malnutrition were being managed and how to best to mitigate these risks going forward. These meetings had been effective in quickly identifying when people were beginning to become unwell, enabling staff to seek the appropriate medical advice in a timely manner.

People and their relatives felt safe at St Johns Nursing Home. One person said, "This is a very nice home and the staff are all very good to me. I feel safe here." A relative told us, "In the past I know the home has had its problems, but it is in a much better place now."

When people had accidents, incidents or near misses, these were recorded and monitored to identify any developing trends. The manager collated all incident reports monthly to look for patterns and to put measures in place to reduce risk of reoccurrence. This information was shared with staff at meetings, who were offered the opportunity to input and make suggestions about new procedures or changes to people's care plans. In one incident, a person had difficulty swallowing their drinks. This presented a risk that they may choke. The manager referred the person to the speech and language therapist, who recommended the person's drinks be thickened. . This helped to ensure that the person was safely able to drink.

There were systems in place to protect people from abuse and harm. The provider had a safeguarding policy which was written in line with local authority guidance. All staff had recently received training in safeguarding. This helped them identify abuse and appropriate actions to help keep people safe. The manager understood their duty to safeguard people from harm. They had taken appropriate action to refer concerns to safeguarding teams and worked in partnership with them to put plans in place to help keep people safe.

The home was hygienic and clean which reduced the risk of infections spreading. One person said, "The home is clean and tidy." The provider had domestic staff who oversaw a cleaning schedule within the home. In August 2018, The Food Standards Agency awarded the home a three-star rating. Their ratings system describes this rating as 'hygiene standards are generally satisfactory'. The provider had an action plan to meet the recommendations from the agency's inspection to improve the rating. At the time of our inspection all actions were completed and the provider was awaiting inspection from The Food Standards Agency.

Is the service effective?

Our findings

At a comprehensive inspection in January 2018, we found the service was not always effective. We found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider failed to ensure staff received appropriate support, training or professional development to enable them to carry out their role effectively. At this inspection, we found the provider had made significant improvements to ensure staff had appropriate training and that there was an effective system in place to monitor their ongoing training needs. The provider was no longer in breach of this regulation.

People and their relatives told us staff were skilled and effective in their role. One person said, "All staff are very good and do an excellent job of looking after me." A second person said, "This is a very nice home and the staff are very good indeed." A relative commented, "The staff here have been really good. They are knowledgeable and seem well trained."

The provider had commissioned an external company to provide a programme of training for care staff. The training was a mixture of online and classroom based learning, with assessments of staff knowledge at the end of each course. Training courses completed by staff included, safeguarding, infection control, moving and handling, nutrition and hydration, equality and diversity, diabetes awareness, dignity, health and safety, medicines and The Mental Capacity Act 2005. Staff also received training in dementia, which helped to give them effective communication skills and an understanding of individuals' needs when supporting people living with dementia at the home.

The deputy manager oversaw staff's training needs to ensure that they were completing mandatory updates of training in good time. Many staff were supported to obtain additional qualifications in health and social care to increase their skills and knowledge. Nursing staff were supported to maintain their professional registrations and attend external training relevant to their roles.

New staff followed a structured induction when they started their role. This included learning about health and safety procedures, reading care plans and working alongside experienced staff. Staff were given ongoing support in their role through supervision and observation of the working practice. One member of staff told us, "I get a lot more support than before. I feel this has made us more effective as a team."

Staff were competent and had a clear understanding of their role. The clinical lead and team leaders oversaw care and nursing staff. Staff were knowledgeable about the care people needed and attended to them without being rushed. Staff were confident and followed safe practice when supporting people to mobilise around home. This included the use of hoisting equipment and other mobility aids. The atmosphere at the home was calm and organised, which meant that people received the appropriate care required.

At our previous inspection in January 2018, we found a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not always followed processes in line with the principles of The Mental Capacity Act 2005 (MCA) in relation to deprivation of liberties safeguards

and assessing people's capacity to make decisions about their care. At this inspection, we found significant improvements and the provider was now acting in line with the principles of MCA.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under The Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards. We checked whether the provider was making appropriate referrals under these safeguards and found that the manager had made the appropriate assessment and applications. These actions were in line with the MCA.

The provider understood the need to gain appropriate consent and was developing processes which were in line with the MCA. MCA provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The manager had implemented the use of a recognised capacity and best interest tool. This was used to help staff determine whether people could consent to their care and set out guidance of how to make a decision in a person's best interests if they were unable to consent. These actions were in line with the MCA.

There were a range of assessments that the manager made to determine an appropriate care and treatment plan. These were nationally recognised tools to assess; people's staffing needs, risks of malnutrition and dehydration and the risk of skin break down. This assessment helped to formulate people's care plans and action staff needed to take to keep people safe. Since our last inspection, the manager had shared all pre-admission assessments with CQC to illustrate how they would provide effective care for prospective admissions. Through this process, the manager had demonstrated sound knowledge and skill in assessing how the service could meet people's needs.

The environment was suitable for people's needs. There was a passenger lift available to help people navigate between floors. People had access to specialist equipment to help them with their mobility. This included a range of equipment, from adapted bathing facilities to aids to help them move from sitting positions. People had personalised mobility aids which were clearly identifiable as theirs. This helped to ensure that they were using equipment appropriate to their needs. There was access to outside space, but garden space was not enclosed and therefore people were only able to gain access to this with the help of staff. The provider told us they were planning to develop an outside space into a secure garden at the front of the building.

People had access to healthcare services as required. People had details of their healthcare needs in their care files. This included any ongoing healthcare input they required. Staff kept a record of any appointments people had, including any reports or recommendations from healthcare professionals. Where staff had concerns about people's health or when people's conditions changed, there was evidence that timely referrals were made to healthcare professionals. This helped to ensure that appropriate and quick interventions were put in place to promote people's health and wellbeing.

People had access to a diet which was appropriate to their needs and preference. People had specific care plans in relation to their nutrition. This included preferences, specialist's diets such as fluid thickening and the support they required around eating and drinking. Where people required encouragement to eat and drink, staff were attentive and patient in their approach. One relative told us how their family members weight and diet and significantly improved through support from staff. They said, "My Mum has put on weight since being here. This is good as she was not eating at home." Where people were at risk of

malnutrition or dehydration, staff recorded the food and drink the person took. The manager monitored these records to identify where people had not been eating and drinking well as this could indicate a change in their health.

Is the service caring?

Our findings

At our last inspection in January 2018, we found a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not always treated with dignity and respect. This included examples where people were made to wait for personal care or they were not always spoken to by staff with respect. At this inspection, we found improvements had been made and the provider was no longer in breach of this regulation.

People and their relatives told us they were treated with dignity and respect. One person said, "Staff are all very nice to me. They help me to the toilet, help me to get dressed. I am grateful to them." A relative commented, "The staff are very good [to my relative]. [My relative] is always clean, well dressed, shaven and smelling nice. It is clear the staff have a great deal of empathy and respect." A second relative said, "[My relative] is definitely well looked after. The staff are understanding and compassionate which is a great source of comfort."

Staff were attentive to people's needs. When people wanted help to mobilise or use the bathroom, staff were on hand to provide support. Some people required the help of staff to use mobility aids. Staff were calm and patient in their approach by talking to people to explain what was happening, which made them feel more comfortable. Staff upheld and respected people's confidentiality by ensuring that personal information about people was not discussed in communal areas.

Staff were quick to offer support and reassurance when people were anxious or upset. One person was disoriented about the time and repeatedly called out to staff that they wanted to receive their breakfast. Staff were consistent and patient in their approach by giving reassurance about the meals they had and what time of day it was. The person visibly relaxed with this strategy from staff. This demonstrated a caring and compassionate approach from staff.

There was a call bell system in place which people could use to contact staff for assistance. Staff were quick to respond to these calls to help ensure people were not left waiting to receive their care. We looked at records of call bell response times for August 2018 and found that staff were consistently quick and attentive to these requests.

Staff accessed training and took on additional responsibilities around upholding dignity at the home. They completed periodic audits to assess whether the service was upholding standards of dignity. The audit measured the service against the core values of dignity identified by The National Dignity Council. This helped to ensure that staff understood the principles of dignified care. Trained staff also carried out observations of other staff to check they were treating people in a dignified manner. Learning and feedback was shared in staff meetings. This helped to ensure that staff had a shared understanding of good practice in this area.

People and their relatives told us that the home had a pleasant, friendly and welcoming atmosphere. One person said, "This is a very good home and my relative is very happy here, she enjoys the friendliness of the

staff and I always feel welcome too." A second relative commented, "I have found this home to be a very pleasant place to visit. [My relative] who is a resident here is very happy to be here with excellent support from all the staff." Staff told us about the improvements in the atmosphere at the home since the last inspection. One member of staff said, "We are a much happier team now, all pulling in the same direction. Because we [the staff] are happier, this rubs off on the residents [people]."

People and their relatives told us they were involved about making choices about their care. One relative said, "[Staff] explained everything to me, they asked me about [my relatives] likes and dislikes. They have listened to our opinion." Another relative commented, "[The provider] keep me informed about changes, they will consult me when necessary when decisions need to be made." A third person remarked, "I am always welcomed by the staff who keep me informed on how [my relative] is doing in the home and he always seems very happy and well looked after."

The provider demonstrated a clear understanding through the planning and delivery of care about the requirements set out in The Equality Act to consider people's needs on the grounds of their protected equality characteristics. The Equality Act is the legal framework that protects people from discrimination on the grounds of nine protected characteristics including age, sex and disability. Staff had all received training in equality and diversity and there were policies in place to help ensure staff were considering people's individualised needs when delivering of care.

Is the service responsive?

Our findings

At our comprehensive inspection in January 2018, we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not always provide a plan of care that met people's needs and preferences. At this inspection we found the provider had made improvements and was no longer in breach of this regulation.

Since our last inspection, the manager had reviewed everyone's care plans to help ensure they contained accurate and personalised information. We checked the care plans of two people who had inaccurate information in their care plans at our last inspection to help to judge if there had been improvements made. We found that the people's care plans were detailed and gave a comprehensive overview of their medical conditions, personal care routines, life histories, daily routines and communication needs. One person's care plan gave detailed instruction of the support they required when they used a mobility aid. The care plan gave specific details about the make and size of the sling they used when accessing a hoist. Identifying the make and size sling is necessary to promote safety and comfort when used. Another person had limited verbal communication. Their care plan detailed approaches staff were to adopt to promote effective communication with the person. This included looking at body language and looking for gestures the person made to make their needs known. We saw staff effectively use this approach to encourage the person to eat and to engage in their personal care.

People received personalised care. People's preferred routines identified in their care plans were reflected in the care that staff provided. Some people received care in bed as they were too unwell to leave their room. Staff provided personalised care through playing music, one to one activities and sensory stimulation through different smells to make the environment for people as pleasant and comfortable as possible. These preferences had been identified in the persons care plan.

There was a programme of activities in place. People and their relatives told us they enjoyed the activities on offer. One person said, "There is a girl [member of staff] who organises things for us to do. There is a fair bit going here." The activities ranged from group activities to individual sessions according to people's preferences. The provider had employed a designated member of staff to oversee the activities programme. They produced a monthly timetable of upcoming events so people and visitors knew what was happening around the home. The manager organised regular trips to local attractions and areas of interest. This included museums and local beaches. They organised a minibus to be available for these trips so people could access these outings. One person's relative told us, "The staff took [my relative] out for ice cream along the beachfront. That was a special day."

There were systems and processes in place to handle complaints appropriately. One person said, "I can always talk to staff if I am not happy." A relative told us, "I know the home has had problems, but I have always found the management approachable to feedback." The provider had a complaints policy which detailed the avenues people could take to raise concerns. The policy was clearly displayed throughout the home, which meant that it was accessible to people and visitors. The manager kept a log of all complaints raised. In this log there was documentation to demonstrate how complaints were investigated and resolved.

At the time of inspection there were no open complaints to the provider.

Staff had received training and qualifications in end of life care. They accessed the 'Six Steps Programme'. The 'Six Steps programme' is a nationally recognised approach to delivering effective and empathic care for people at the end of their life.

People had plans in place to help ensure their wishes were followed when they received care at the end of their life. People and their families were consulted about how they would like to receive care and treatment in their last days and after they passed away. Where people had made advanced decisions about their care and treatment, these were documented in their care records. This helped to ensure that healthcare professionals were instructed as to how people wished to receive care in the event they were not able to communicate this at the time.

The manager was committed to providing compassionate and responsive support to people and their families during their last days. They worked in partnership with other stakeholders such as doctors and hospice staff to ensure that people who wished to stay at St Johns during their last days could do so. In one example, staff arranged for a person to have a private room which had sleeping and kitchen facilities for relatives. This meant that the person's family could stay with their relative in privacy and comfort. The manager had adapted a large upstairs bedroom to be used if a similar situation came about. This demonstrated a caring and compassionate approach to providing end of life care.

Is the service well-led?

Our findings

At our comprehensive inspection in January 2018 we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were significant failings in the effective management, leadership and oversight of the service. This had resulted in multiple breaches of regulation. We imposed conditions on the provider's registration which required them to submit regular actions plans and audits to CQC to demonstrate how they would meet the requirements of the regulations and how these improvements would be sustained. We also stipulated that the provider would require written permission from CQC before admitting any new people to the home. This was to help ensure the safety of the existing people living at the service.

At this inspection, we found significant improvements in the governance, management and leadership of the home. We found that the service was no longer in breach of any of the regulations identified at our last inspection. However, we did find that in some areas such as the processes around recruiting staff, further time was needed to implement and embed effective systems to ensure appropriate recruitment checks were completed before staff started work. The manager had delegated responsibility around recruitment to another member of staff and there was not robust management oversight to ensure the compliance of recruitment files or to make assessments of candidate's suitability if they had missing recruitment documentation.

Since our inspection, the provider had submitted an action plan detailing how they would make the necessary improvements to their recruitment processes to ensure suitable staff were employed. We will assess how effective these improvements have been at our next inspection.

The service did not have a registered manager in place at the time of our inspection. 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. Since the last inspection, the previous registered manager had left their position and no longer worked for the provider. The manager started working at the service in February 2018 and had applied to CQC to register as manager for this service. At the time of inspection, this application was still in process.

There was a clear management structure in place. The manager and the deputy manager had arranged their working schedule to ensure a senior member of management was working every day of the week. They had organised for regular times in the week where they would meet to hand over information or share feedback. There was a clinical lead in place, whose role was to oversee the nursing staff. There were heads of department in place who supervised care staff. The provider also had an operations manager who regularly carried out audits and assisted the manager with the day to day running of the service when required. The provider regularly visited the home to meet with the manager, attend staff meetings and speak to people about their experience of living at St Johns. The manager held meetings with all these parties to review audits and action plans. This helped ensure there was a clear and coherent governance structure in place.

The manager had overseen significant improvements since starting at the service. The provider had commissioned an external care consultant to carry out audits and give ongoing support to the manager. This included carrying out 'mock inspections' and helping to develop and monitor action plans. The manager used feedback to formulate an overall action plan to improve the quality and safety of the service. The action plan was ongoing and regularly amended as improvements were completed.

The manager carried out a series of audits to measure the quality and safety of the service. These included medicines management, health and safety, infection control, care plans, kitchen hygiene and safety, people's mealtime experiences and audits of people's rooms to ensure they were suitable for use. These audits had been effective in identifying where improvements could be made. For example, through observation of people's mealtime experience, the manager identified training needs for staff around fluid thickening. Issues audits were addressed with staff individually and in the form of team meetings. In another example, in April 2018, the manager identified gaps in records for pressure relieving care given. They addressed this with staff at a meeting and continued to monitor these records in the next series of audits. After this intervention, there had been a decrease in the number of recording errors in this area. However, the provider still required time to address all required actions identified in their audits and assess whether these had been effective in promoting sustained improvement.

The provider had demonstrated a willingness to work with stakeholders to improve the quality of the service. One social worker said, "The provider has been very open to receiving help and acting on feedback. This has been key in making the improvements needed." The provider had accepted advice from health and social care professionals in the interview process when identifying the manager as a suitable candidate for their post. The provider had also been open to regular monitoring visits from health and social care professionals, who made checks on improvements made and offered feedback to help ensure progress could be sustained. Since the last inspection, the provider had been in regular contact with CQC to update us with feedback from visits from health and social care professionals. This demonstrated a willingness to engage with a range of stakeholders to promote improvements to the quality of care.

People, relatives and professionals told us the manager was professional, competent and caring. One person said, "She [the manager] does a wonderful job, she is always talking to people." A relative told us, "All the management are very approachable and take their jobs very seriously. It is a lot more organised at the home than it was before." A social worker told us, "The manager has overseen a lot of changes at the home and they are in a far better position than they have been in terms of safety and quality."

Staff told us the atmosphere at the home had improved and the manager had overseen a positive change in the culture of the service. Staff told us the manager had instilled a sense of team work and collective responsibility, which had helped promote improvements in the quality of the service. One member of staff said, "I feel a lot more supported in my role now. I feel like I can go to the manager if I'm worried about something." A second member of staff commented, "Now we are all working with the team, we have left behind the blame culture that was here before." A third member of staff reflected, "It has been a crazy few months. We have all worked so hard to make things better."

At our previous inspection in January 2018, we found a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. The provider had failed to notify CQC of the people's authorizations under Deprivation of Liberty Safeguards. At this inspection we found that the provider had made improvements and had met the requirements of this regulation. The manager had ensured that they informed CQC about significant events at the home.

The manager used feedback to make improvements to the service. They used a range of methods including

speaking to staff and people, holding staff and resident's meetings and looking at themes from complaints to see if there were trends. The manager used a wall in the entrance to service to display people's feedback and how they had acted on it. The manager also used this space to demonstrate how they had responded to feedback from our inspection in January 2018 to make changes and improvements. Examples of the manager acting on feedback included moving their office to main part of the building to make them more accessible to people and visitors. The manager told us this had been a positive step as where their office was previously situated in a shed away from the main building, it was difficult to have an overview of the day to day culture of the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider's recruitment procedures did not always ensure all necessary pre-employment checks as identified in schedule 3, were made when employing staff.