

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

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Clifton St Annes PCS Limited
Overview of the service	St Johns House provides accommodation and personal care for up to 36 people over the age of 65 years. 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

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'.

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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 reviewed all the information we have gathered about St Johns House, looked at the personal care or treatment records of people who use the service, carried out a visit on 3 December 2012 and observed how people were being cared for. We checked how people were cared for at each stage of their treatment and care, talked with people who use the service, talked with carers and / or family members and talked with staff. We talked with stakeholders.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

People told the expert by experience they were happy with the home. Comments included; "It's a lovely place to live. What more could you want. I wouldn't hesitate to recommend this place." And "I'd rather be in my own home, of course, but if you've got to live somewhere else, then I don't think you could find a better place." And also "I'm astonished at how well this place runs."

We observed the staff during their interactions with people who live at the home and saw they supported them in a respectful and dignified way. We also saw people were at ease and clearly relaxed in their surroundings.

We saw that there were a good range of activities that people could engage in, and that they could choose freely how to spend their time. We asked individuals if they felt anything could be improved upon at the home. Overall people were happy but some people said that meals at the home were not always good and could improve. People did confirm however that they were given information about how to complain, and opportunities to express and air their views. They also felt their concerns were listened to and acted upon and that the home was very well managed.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

The expert by experience spoke to eleven people who lived at the home and three relatives. They observed staff interaction with people who used the service and they had also joined people for lunch. People said they had looked at information about the home before they made their decision to move in. Some individuals had made visits with their family before they moved in and had been able to ask questions about the care and treatment they could expect. All of the people spoken with, including relatives, were happy that they had as much information and discussion about their care as they wanted prior to staying at the home. One relative said "It was a big move for Mum, but they were very helpful and explained everything we needed to know."

People also told the expert by experience that choices about care and support were continually offered. They could get up, have breakfast and go to bed when they wanted. They also said they could join in social activities if they wanted to and go out on trips in the home's minibus. They confirmed that staff asked them what they wanted to do and helped them with their care and support as much as they needed. Comments included "They are lovely staff - they try to make it like home". And "I suppose I can do what I like really. No-one would stop me doing anything." People also said they were provided with privacy and dignity. One person said "I can shut my door if I want to and watch TV in peace. I like my own company sometimes."

We looked at the care records relating to four people. We saw that the care plans clearly reflected people's individual choices. We found that plans of care and associated records were being kept accurately and reflected the care and support given. The staff explained that each individual had a 'care partner'. This was a member of staff who linked with an individual and reviewed their care plan with them regularly. This was important to make sure people's individual wishes were taken into account and that they were continually involved in decisions about their care.

We also observed staff supporting people sensitively and ensuring people's dignity by attending to people's personal appearance and comfort. We saw staff spent time reassuring people and taking time to consider their requests and concerns. This was

important to help ensure that people's dignity and human rights were respected.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People living at the home spoke with the expert by experience and made the following comments; "You're never short of people (carers) to talk to about things. I think I could talk to anybody if I wanted to." And "It's amazing how they (the staff) can be respectful, but at the same time be so affectionate. They really are good. It's like a family here."

The atmosphere at St Johns during the day was relaxed and friendly. We observed staff speaking respectfully to individuals and engaging with them in a cheerful and sensitive manner. The social interactions were positive throughout the day and individuals were relaxed in the company of staff.

People told the expert by experience they felt confident they would get help quickly if they needed it from external health professionals. One person said "I wasn't feeling well the other day and they got the doctor straight away." A relative said "I was a bit concerned about Mum and told a carer. They got a doctor to see her the same day."

We asked people about the activities at the home. Their comments included; "They (the staff) will help you do anything you want to do. It can be a long day if you don't do anything. I like the singing." And "We had some children come and sing to us. It was lovely." "They try different things with you."

We saw that people had a good range of activities that they could engage in. We talked with staff who explained that activities are offered for people every week-day and occasional evenings or weekends by three different activity co-ordinators. A weekly sheet of planned activities is produced and individuals can choose to take part if they wish. Activities include craft, board games, singing and exercises. There was also a computer available for people to use. Trips in the care home mini-bus were also arranged to a variety of local places of interest.

People were asked if there was an area that they felt could be improved upon. Nearly all the people interviewed said 'The food.' Comments included "The food is adequate, I suppose, but it's a bit bland, so it's not much to look forward to." And "Well, it's just tasteless." And also "The meals are average, I suppose, but occasionally they are awful." We spoke to the provider about these comments and they explained they had been working hard to get the food right, they had held meetings and discussed with each

individual their preferences and how they could improve. They acknowledged they had more work to do to improve people's experience in this area.

We looked at the care documents of four people supported by the service. Each person had assessments and a plan of care which covered all the required areas. We saw there were personal likes and dislikes recorded. The records also described what people could do for themselves and which areas people needed help with. We also saw care plans were person centred. This meant individuals were supported in the way they wanted and preferred.

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

People told us if they had any concerns they felt able to raise them with the staff and the manager of the service. They confirmed they had opportunities to raise their concerns both individually and at meetings. We saw the complaints procedure was included and available in the service user guide and information pack people received upon admission.

We looked at the care documents and found the risk assessments were regularly updated and they gave clear instructions for staff to know how best to protect people and keep them safe from potential harm.

We observed staff engaged with people in a friendly and positive way, they gave people the opportunities to express themselves and encouraged their participation in discussion. We also saw staff were reassuring and gentle and had a good understanding of people's individual needs.

We saw staff records and confirmed the staff had completed safeguarding training. Staff also confirmed with us that they had received training in how to protect vulnerable people. We asked staff what were the different types of abuse that can occur. They explained the types of abuse and the action they would take if they suspected abuse or had an allegation of abuse made to them. Staff also described the procedure for reporting concerns outside of the organisation and said they would not hesitate to report any concerns if they needed to. This was important to protect people who may be vulnerable and made sure staff knew what action to take to ensure people's safety.

We saw the manager responded appropriately to any allegation of abuse. The manager reported any concerns raised with the appropriate authorities and keeps the CQC (Care Quality Commission) informed. This was important to help make sure vulnerable people were kept safe from harm and their rights protected.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We talked to the manager about staff training and they told us training was up to date. We then looked at the staff records and saw training was well planned. We also spoke with staff who confirmed they had completed an induction training programme and had regularly undertaken further training. Staff made comments like, "Training is very thorough. We have training in areas such as dementia care, sensory deprivation and end of life care." And "There is a lot of experience here."

Staff also told us they attended staff meetings and had regular supervision with their manager. They confirmed they had regular opportunities to talk about their work and felt able to ask for support or advice at any stage from their manager.

We looked at four staff records and saw that supervision and training was in place and that staff were consistently supported. We also saw from the training plan that staff were well trained to support people with their care needs.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

The expert by experience spoke with people about what they would do if they wanted to make a complaint. They made the following comments, "I'd go straight to the manager. You can talk to her about anything. She would sort it out." And "There's no problem speaking to the manager. She'll always make time for you."

People's views were sought about the home wherever possible. The home also holds regular meetings for people who live at the home. We saw that the home also regularly asked people about their views via annual questionnaires. This is important to make sure people are given an opportunity to air their views of the service and that their concerns are listened to and acted upon.

The home's complaints procedure was detailed in the home's brochure, which was given to everyone when they first moved into the home. This helped to make sure that people living at the home, or their relatives, knew how to make a complaint if they needed to do so.

The Care Quality Commission had not received any complaints about this service. The owner told us that people's concerns were always taken seriously and resolved with the person as quickly as possible. We also saw there were many commendations made.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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.

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