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: 14 November 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ 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 14 November 2013, 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 given to us by the provider. We talked with other authorities.

What people told us and what we found

During our visit we spoke with five people who used the service, three relatives of people who lived at the home and an entertainer who visited the home regularly.

People's care and support needs were planned and monitored, with arrangements in place to involve people in decision making. People said that staff were responsive and treated them well. Staff knew about people's needs and preferences. Comments included "Oh they are very, very obliging, quite marvellous", "They are fantastic, they would do anything for you" and "I get very well looked after."

People's dietary needs were assessed and special dietary requirements were provided for. People were provided with a variety of food and drink. Comments made to us about the food included "I'm very satisfied with the food" and "They are always asking you if you need another drink."

Systems were in place to administer and store medication in a safe way. Comments made to us by people living at the home included "They make sure you take what has been prescribed" and "You can self-medicate if you want to."

Staff recruitment procedures were in place to ensure that suitable staff worked at the service. People told us that staff were professional and kind. Comments made to us included "Always cheerful" and "The staff are so good to me."

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

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

People who used the service told us that they were able to make decisions relating to their everyday lives. For example, what clothes they wore, where they spent their time, if they wanted and were able to look after their own medication, which activities they wanted to join in and what food and drink they wanted. People were able to tell us about examples where their needs had changed and staff had discussed this with them and their families. Comments made by people living at the home included "They have always said if you want to talk to us do" and "Yes definitely (involved in decisions)."

Relatives we spoke with confirmed that the service kept them informed and invited them to be involved in discussions about their loved ones care.

The manager told us how each person who lives at the home has a "care partner". They explained that a "care partner" was the named staff member responsible for regularly talking to the person about their care needs, completing reviews and ensuring that their care records were kept up to date. The people we spoke with who lived at St John's House also told us about their "care partners". This helped to ensure that people had a named person who they could discuss their care and support needs with.

The manager and staff described how annual care plan reviews are undertaken with people who use the service and their relatives. During our visit we saw records of these reviews, which had been signed by the person who used the service, to show their involvement. We also saw that people had signed their assessment records, to show their involvement and agreement. This helped to ensure that people were involved in making decisions about their care and support.

Training records confirmed that most staff had received training on the mental Capacity Act and Deprivation of Liberty Safeguards. The manager was able to demonstrate an understanding of issues relating to capacity and consent and how these related to the people currently living at St John's House. The manager also told us that there had been

no Deprivation of Liberty Safeguards Authorisations needed for people living at St John's House.

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

People who used the service told us that they were very happy with the care and support provided at St John's House. People said that staff were responsive and treated them in a kind and respectful way. Comments made by people who used the service included "Oh they are very, very obliging, quite marvellous", "They are fantastic, they would do anything for you, always cheerful", "I get very well looked after" and "They are always ready to help you, you only have to ring the bell." People also told us that they saw the doctor, nurse or other health professionals, such as the chiropodist, when they needed to.

We also spoke with some relatives who were visiting the home during our inspection. They told us that their relatives always looked well cared for when they visited and seemed happy at the home. They also felt that they were made welcome and kept well informed by the service. They confirmed that there were regular activities and social events for people to join in. For example, the home's choir, regular entertainment, trips out and special events. Comments made by relatives included "They are very good, very friendly and kind", "We have no worries" and "You feel it when you come in through the door, that it's a happy place."

During our visit we observed the care and support that people received. People looked well cared for, were clean and nicely dressed. We also saw that staff spoke to people politely, explained what was happening and provided assistance in a sensitive and caring way. For example, we saw that staff knocked on the door before entering people's rooms and made sure that people's privacy was protected by shutting doors before assisting with personal care.

Staff were able to tell us about people's individual needs and appeared to know people well. They also told us how each person had a "care partner". A person's "care partner" was the named staff member responsible for regularly talking to the person about their care needs, completing reviews and ensuring that their care records were kept up to date.

We looked at four people's care records, including the arrangements that had been put in place to assess and plan their care and support needs. People had been assessed before they moved into the service, to ensure that St John's House could meet their needs. Care

plans had also been put in place, setting out the care and support people needed with different activities and aspects of their lives. The care plans provided some good information about people's individual needs and preferences and accompanying records showed that they had been reviewed regularly. The service was also using a variety of risk assessment tools, to help identify people who were at risk and needed additional support. The care records showed that support from other health and social care professionals had been sought where there was concern about people's wellbeing. For example, input from the local doctor and nurses.

However, the provider should note that some people's care plans did not contain all of the up to date information that was available about their needs and the care that staff were actually providing. For example, one care plan did not detail the actions staff were taking to manage someone's skin integrity needs, despite them being identified as at risk. These individual issues were discussed with the manager during our visit and they have already sent us information showing how improvements have been made. It is important that care plans include accurate and up to date information about people's needs, so that staff have easy access to the correct information about peoples care and support needs.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People we spoke with told us that they received a choice of regular drinks, meals and snacks throughout the day. They also said that there were always drinks available in their rooms and communal areas throughout the day. Comments made by people who used the service included "I'm very satisfied with the food", "They come round every day and give you options", "We always have a snack, coffee, tea, biscuits" and "They are always asking you if you need another drink."

During our visit we saw that people were regularly offered drinks throughout the day. Freshly brewed coffee and a water cooler were always available in the reception areas and water was available in people's rooms. We observed the lunch time meal and saw that three different dining rooms provided pleasant dining areas where people could eat, with nicely set tables and condiments available. On the day of our visit most people ate in the dining areas, but some people chose to eat in their rooms. We saw that people were offered a choice of meals by the staff and the food looked appealing and appetising. We also saw that staff provided assistance to people in a pleasant manner.

The care staff we spoke with were complimentary about the food provided. They told us that there was plenty of choice and that special diets or requests were catered for. Staff were able to tell us about people who needed extra help with their nutritional intake, such as softer foods to enable them to eat more easily and monitoring of people's weight.

We saw the home's current menus, which showed a varied four week menu, with choices and alternatives. Records were available to show that the chef met with people who used the service on a regular basis, to discuss the menus and food provided. The records also showed that changes had been made in response to feedback from people who used the service. The service had received a five star (very good) food hygiene rating from the Environmental Health Officer following their last visit in July 2013.

We looked at four people's care records, including the arrangements that had been put in place to assess and plan their dietary needs. The service was using a nutritional risk assessment, to help identify people who were at risk of malnutrition and needed additional support. Weight records were available and showed that people's weight was being monitored. People's care plans included some good information about their preferences relating to meal times and food and drink. Two of the records we looked at showed that

support had been requested from the doctor and dietician because of concerns about people's nutritional wellbeing.

However, the provider should note that some people's care plans did not contain all of the up to date information that was available about people's nutritional needs. For example, one person's nutritional care plan evaluations and risk assessment records said that they had lost weight, the doctor had been informed and that they now needed a softer diet and more regular reviews. However, the actual care plan setting out the care and support the person needed with their nutritional needs had not been updated to include this information or to say what steps were being taken to minimise the risk of further weight loss (such as offering high calorie snacks or fortifying meals). These individual issues were discussed with the manager during our visit and they have already sent us information showing how improvements have been made. This has helped to ensure that people's nutritional needs were met.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

People who lived at the home told us that they had been able to choose if they wanted to administer their own medication or pass this responsibility onto the home's staff. No one expressed any concern about the way they were supported with their medication or the way it was managed by the home. Comments made to us included "They make sure you take what has been prescribed" and "You can self-medicate if you want to".

We spoke with the manager and the staff member who had lead responsibility for medication at St John's House, about the arrangements in place to manage medication at the home. The home used the Biodose medication system, which provides medication that has been dispensed into monthly packs for each individual.

The care records we looked at included information about the assistance people needed with their medication. For example, confirmation that people wanted staff to take on responsibility for managing and administering their medication.

The staff we spoke with confirmed that all staff who administered medication had completed a medication administration training course. Training records we saw confirmed this. We asked the manager what arrangements were in place to ensure that staff consistently implemented their training, for example, through medication audits and staff competency checks. The manager confirmed that each month they audited three people's medication records, to check that their medication was being managed safely. The medication lead also carried out checks during the ordering and returns process. However, no other formal audits or staff competency checks relating to medication practice were currently taking place.

The medication lead showed us the medication storage room and showed us the medication systems that were in place. A medications fridge was available, with staff monitoring and recording its temperature on a daily basis. However, staff were not monitoring the room temperature. When we asked about this staff immediately put a room thermometer and recording sheet in place, so that they could ensure that medication was being stored within safe temperature parameters.

We checked a random sample of medication records and medication stock, to see if record keeping was accurate and that a robust audit trail was available. We found that the medication administered from the Biodose system was being given in accordance with people's prescriptions and recorded on the medication administration record (MAR).

We also checked a number of controlled drugs and other medications which were not administered through the Biodose system. Overall information was available to suggest that people were being given their medication correctly and the majority of the records we checked were correct. However, the provider should note that when we checked the stock balance of two medications against the information available on the MAR they did not correlate, with more tablets being in stock than the MAR suggested should be. This meant that these records did not provided an accurate audit trail of medication stored and administered in the home. This issue was raised with the manager and medication lead during our visit and they agreed to look into it. We have since received information from the provider, explaining the situation and informing us of improvements they plan to make.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

People who lived at St John's House and their relatives spoke well of the staff, telling us that they were professional and kind. Comments made to us included "Always cheerful", "They are fantastic , they would do anything for you" and "The staff are so good to me." None of the people we spoke with raised any concerns about the suitability of the staff employed by the service.

During our visit we observed staff going about their work. We saw that staff acted professionally and provided support to people in a pleasant way. The staff we spoke with and observed demonstrated a caring attitude and seemed well suited to their caring role. Staff told us that their recruitment had included an interview and that they had not been able to start work until the required checks had been completed. They also confirmed that they had received a suitable induction training period, which included shadowing more experienced staff and completing induction training.

During our visit we looked at employment records for three staff. The records confirmed that a thorough recruitment process had been carried out, before the staff started to work at the home. The records included application forms, health declarations, written references and confirmation that a disclosure and baring service (DBS) check had been completed. The records also included training records, including evidence that new staff had completed an induction training period.

The manager was able to describe to us the recruitment process and induction arrangements for new staff, which included the opportunity for new recruits to shadow more experienced staff. They also told to us that the service had a stable staff team, with a relatively low turnover of staff. This helped to ensure that staff had the skills and experience they needed to carry out their work.

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

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