

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

St. John's Almshouses

32 St Johns South, High Street, Winchester,
SO23 9LN

Tel: 01962852743

Date of Inspection: 18 October 2013

Date of Publication:
November 2013

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
Safeguarding people who use services from abuse	✓	Met this standard
Supporting workers	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	St John's Winchester Charity
Registered Manager	Mrs. Alison Sweetman
Overview of the service	St. John's Almshouses provides accommodation for 90-100 people who live independently. Accommodation, in apartments or houses, is located in four sites in Winchester city centre. The service provides personal care to about 10% of people using the service.
Type of service	Extra Care housing services
Regulated activity	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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Consent to care and treatment	6
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	9
Supporting workers	10
Records	12
About CQC Inspections	13
How we define our judgements	14
Glossary of terms we use in this report	16
Contact us	18

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 18 October 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

During our visit we spoke with four people who receive personal care in their apartments. People were positive about the quality of care they received, saying for example, "Moving here was the best move I've ever made" and "The care here is very good." Everyone said that staff listened to them and checked if they wanted assistance before providing care.

One person said,

"If I don't want [care], I say so, and staff respect that." We observed that staff were courteous, respectful and friendly towards people. Staff received training relating to their roles and were supported to develop their skills. People we spoke with were complimentary about the staff saying, for example, "All the [care staff] are friendly and kind."

From reviewing records, we found people's care plans were clearly written and included personalised risk assessments and guidance on the care they needed. Records relating to the delivery of care were detailed where necessary, and we saw that action was taken when people needed additional support. The service had a records retention policy and we observed that records were stored securely to maintain confidentiality.

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

We spoke with four people who receive personal care from the service and with the registered manager, a director of the charity and two members of staff. There were systems in place to gain people's consent for personal care. Most people living at this service did not require assistance with their personal care, but some people needed prompting with their medication or assistance with, for example, surgical stockings. For these people, the service assessed their specific needs and developed personalised care plans. From reviewing people's care plans we saw that people signed to show they consented to receive the agreed care.

Everyone with spoke with said that staff listened to them and checked if they wanted assistance before providing care. One person said, "If I don't want [care], I say so, and staff respect that." Another person, who required prompting to take their medication, said, "If I didn't want the medicine, or refused it, the staff write this down. They explain what it's for though so I don't refuse it." We also observed that staff knocked on people's doors before entering and spoke with people in a courteous and respectful way. We found that before people received care they were asked for their consent and the provider acted in accordance with their wishes.

People living at this service had capacity to make decisions about their care, and the service supported them to maintain their independence. Staff we spoke with recognised that people had the right to make unwise decisions. They said they would encourage and support people, and explain risks, benefits and alternatives should they refuse care, such as assistance with medications.

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 that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and their care and support was planned and delivered in line with their individual care plan. We spoke with four people using the service who required personal care, and looked at arrangements for their care. Each person's care plan included a description of their care needs and appropriate risk assessments. People's care plan files were kept in their accommodation, and everyone we spoke with knew what they were for and where they were kept. The records included notes showing how the care and support was delivered. These were more detailed when people required more intervention or support. The plans were reviewed and updated on a monthly basis, again, with people's involvement.

Most people managed their own medication, but some had agreed to receive prompting and support with their medicines. Where this was the case, the service listed the medication in their care plan, including what it was for and the dosages. Medication administration charts were used to record when medicines were offered. People's medication was kept in lockable medicine cabinets in their private accommodation, or in their personal fridge as necessary. Risk assessments and management plans were in place relating to medication. The provider may find it useful to note that the list of medication in one person's care plan was out of date, and did not match the list provided by the pharmacy. This person knew what their medicines were for, and was confident they were receiving the correct medication. We notified the registered manager of this discrepancy at the end of the visit.

Everyone we spoke with said they received good care. People were very positive about the standard of care, saying for example, "The quality of care is excellent," "Moving here was the best move I've ever made" and "The care here is very good." People also said that the registered manager and staff were good at talking through problems and seeking medical advice when necessary. One person told us, "If I need assistance I just have to call; they are very prompt." Staff commented that they knew people well and they recognised if people's health or wellbeing deteriorated, and were able to provide the necessary support.

Risks associated with the provision of care and support were assessed, for example in relation to mobility, and any incidents were recorded. The service monitored incidents,

such as falls, and these were clearly documented. We observed that staff were kept informed of any risks at handover, and events were noted in the daily diary and in people's records. Any concerns were followed up and appropriate action was taken. This meant that care was planned and delivered in a way that was intended to ensure people's safety and welfare.

People living at the service maintained their independence and the service arranged additional support, such as with shopping or with bathing, as required. The charity had its own chapel for worship and the service coordinated a range of clubs and societies for people, including cards, knitting and scrabble clubs. People were also supported to access a range of places outside the city, as well as concerts and the theatre, using the St John's minibus.

There were arrangements in place to deal with foreseeable emergencies. A new call bell system had been installed within the past year, linked to staff pagers. The maintenance manager explained that a new smoke detection system had also been fitted. The fire risk assessment was due to be reviewed, and we saw that the fire system was checked routinely every six months. The registered manager outlined the fire evacuation procedures and the service conducted annual fire drills.

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 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. The service had procedures in place to respond to allegations of abuse, including the actions to take to keep people safe.

We looked at training records and all staff were required to complete training in safeguarding vulnerable adults. This had overdue for five of the eight staff, due to a course cancellation in February 2013. Arrangements were in place for these staff to attend training with a neighbouring service owned by the provider.

We spoke with two care staff during the visit, who outlined their understanding of abuse and what action they would take if abuse was witnessed or suspected. They were confident that any concerns they raised would be taken seriously.

We spoke with four people who use the service who all said they felt safe. People said they would not hesitate to call if they had concerns, and that they could rely both on the care staff and the administration staff.

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 safely and to an appropriate standard.

Reasons for our judgement

The service employed staff to be available to provide care at all times of the day and night, although most people using the service lived independently. The two staff we spoke with were familiar with the duty rosters which were communicated well in advance to enable staff to plan ahead. Both the registered manager and the deputy manager were trained, registered nurses, however they were employed to provide care only.

During our visit we spoke with four people using the service. They were all complimentary about the qualities and skills of the staff. They said, for example, "All the [care staff] are friendly and kind" and "They are very nice, very kind staff. If we need assistance they come very quickly". Another person said, "I have not one single, tiny complaint". We were also told, "The staff are warm and friendly and good at spotting if people need help." We saw the returns of a recent residents' survey which showed nearly all people rated staff attitude as good or very good. This showed staff demonstrated appropriate skills for their roles.

We spoke with the registered manager and two care staff. They said they were given support and were able to attend additional training to meet the needs of people using the service. For example, the registered manager had arranged to attend bereavement counselling. Staff training was monitored and most staff had completed the mandatory training in, for example, fire safety, food hygiene, medicines management, moving and handling and first aid. Annual training in safeguarding vulnerable adults was overdue, for some staff, due to the cancellation of a course, but alternative training dates were being organised with another of the provider's services. Staff turnover was low, and staff were experienced in providing care and support.

We saw examples of staff supervisions and appraisals. Staff had formal annual appraisals and less formal supervisions carried out by the registered manager or the deputy manager. The provider may find it useful to note that the supervisions and annual appraisals were not always held regularly, to support staff with their professional development.

The deputy manager had been promoted to the role in 2012 and had attended

management courses, for example in how to carry out appraisals. Another staff member had been supported in their plan to attend 'back to nursing' training. This showed the service enabled staff to obtain further relevant skills and supported them with their own career development.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

We looked at the records for four people receiving personal care at the service, and also looked at a sample of records relating to the management of the service. People's care plans were clearly documented and staff noted key aspects of care appropriately. The medicine administration charts recorded when people were offered their medication, and these were signed and stored in people's personal medicine cabinets. People using the service kept their own care plan records within their private apartments.

We saw that the service had effective systems for recording incidents, such as falls, and communicating information to staff using the diary. Daily records were completed with sufficient detail, recording information about people's welfare and health, to enable staff to make informed decisions about their care. We found people's personal records were accurate and fit for purpose.

Records were kept of staff training, supervisions and appraisals. All records were stored safely to ensure confidentiality, and could be located promptly when needed. The service maintained a records storage and destruction policy, and records were archived within the premises prior to shredding. They were kept for the appropriate period of time and then destroyed securely.

About CQC inspections

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

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

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

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

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

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

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

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

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

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

How we define our judgements

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

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

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

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

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
