

St Johns Nursing Home Limited

# St Johns Nursing Home Limited

## 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

### About the service

St Johns Nursing Home is a residential care home providing personal and nursing care to up to 54 people in one adapted building. The service provides support to people who need nursing support, including people living with dementia. At the time of our inspection there were 44 people using the service.

### People's experience of using this service and what we found

Staff administered medicines to people appropriately, but we found medicines administration records were not always adequately completed. The risk of people developing pressure sores was managed by a range of measures designed by healthcare professionals. However, records relating to these were not always completed. For example, there were gaps in people's turning and hydration records. In the weeks prior to our inspection a new manager came in to post at the service. They had introduced auditing processes that identified these shortfalls. We will continue to monitor the service to ensure that the provider's quality checks improve and maintain people's safety. The service's new manager had recruited new staff, including nurses and a clinical lead, to the team. This ensured there were enough staff available at all times to deliver safe and effective care. Staff received training and supervision.

People's needs were assessed and reviewed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People received the support they required to eat and drink and accessed healthcare services whenever they needed.

Caring staff maintained people's privacy and dignity. People were supported to maintain relationships with friends and relatives. People's spiritual and cultural needs were met and they were supported to make decisions

People's changing needs were identified and met. People were supported to participate in a range of activities. The provider planned to double its number of activity coordinators and increase the choice of activities available to people. The service had access to specialist support should people be identified as requiring end of life care.

The service did not have a registered manager in post. However, a new manager had recently joined the service and had immediately implemented a range of changes to drive improvements. Whilst we had identified some shortfalls at the service these largely predated the new manager's arrival. The new manager intended registering with the CQC to become the service's registered manager. People and staff expressed confidence in the new manager who was working in partnership with others to meet people's needs.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was requires improvement (published 07 September 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulation related to governance but remained in breach of regulation related to safe care and treatment. We have found evidence that the provider needs to make improvements. The new manager had identified these and was in the process of making improvements. Please see the Safe and Well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

#### Why we inspected

The inspection was prompted in part due to concerns received about medicines, people's weight, complaints and the management of the service. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Johns Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We have identified a continued breach in relation to people's safe care and treatment.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was Responsive.

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always Well-led.

Details are in our Well-led findings below.

**Requires Improvement** ●

# St Johns Nursing Home Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was undertaken by two inspectors and one Specialist Nursing Adviser.

#### Service and service type

St Johns Nursing Home Limited is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. St Johns Nursing Home Limited is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. However, the service's new manager planned to register with CQC as the registered manager for St Johns Nursing Home Limited.

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

## During the inspection

We spoke with 5 people, 5 care staff and two nurses. We also spoke with the new manager, the registered manager of one of the provider's other services who was providing support and the Nominated Individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We checked 8 people's care records and 5 staff files. We checked people's medicines and medicines administration records and the provider's quality assurance records. We also contacted 4 healthcare professionals for their views about the service.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

At our last inspection we found safe medicines management processes were not in place. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that sufficient and sustained improvements had not been made and the provider remained in breach of regulation 12.

- People were not always protected by safe medicines administration processes. Staff are required to sign people's medicines administration record (MAR) charts after supporting people to receive their medicine. We found gaps in staff recording on MAR charts, so we undertook a physical check of the medicines in stock. We found that the balance of medicines indicated that people had received their medicines. However, by not always recording the administration of medicines the provider failed to operate proper and safe management of medicines.

This is was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

- A new manager came into post weeks before our inspection. They identified shortfalls in medicines records and took action. They liaised with the local pharmacy who undertook a medicines audit and was implementing actions from this audit at the time of our inspection. In addition, the new manager had introduced a new auditing process for the service's medicines records and procedures. This meant the risk of staff failing to sign MAR charts was reduced.
- Medicines were managed and administered by nurses and care staff who had received the relevant training and who underwent annual assessments of their competency.
- People's medicines were kept securely in locked cupboards. This eliminated the risks associated with the unauthorised or accidental access to medicines.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. Staff received safeguarding training to ensure they had the skills to recognise when people may be unsafe and the action they should take to protect them.
- The provider had safeguarding policies and procedures in place and staff were aware of these.
- Where safeguarding concerns had been raised the provider worked in partnership with the local authority

to review them.

#### Assessing risk, safety monitoring and management

- People were protected from avoidable harm because their risks were identified and assessed. People's risk assessments guided staff on the actions required to reduce risks and keep people safe.
- Staff maintained the skin integrity of people at risk of pressure sores. Staff referred people at risk of developing pressure sores to tissue viability nurses (TVNs) for assessment and followed their guidance. This included using air cushions and pressure relieving mattresses. We checked people's pressure relieving mattresses and found they were set correctly to people's individual weight.
- People at risk of pressure sores were supported to reposition regularly in line with the plans set out by TVNs. We reviewed people's repositioning records and found gaps in recording. These gaps occurred prior to the service's new manager coming into post two weeks before our inspection. They immediately introduced a new auditing system after which there were no further gaps in recording the repositioning of people. We will continue to monitor this improvement to ensure that the integrity of people's skin remains safely managed.
- Hydration is an important measure in protecting people's skin. People who required them had fluid charts in place. We found that prior to the new audits there were gaps in recording in people's fluid charts. The new manager had identified and resolved this shortfall. We will continue to monitor this improvement.
- Where people were at risk of malnutrition, this was risk assessed and monitored. Referrals were made to dieticians and staff followed their guidance. This included fortifying meals to increase their caloric content, encouraging snacks and weighing people regularly. This meant people's risk of losing weight was monitored and managed.
- We reviewed records of people's weight and found that prior to the recent arrival of the new manager, there were gaps in entries. A new auditing process identified and addressed these gaps. We will continue to monitor this improvement to ensure the provider continues to protect people from the risks of under-eating and weight loss.
- People were protected from the risks associated with falls from height. The provider ensured that all windows had restrictors in place, in line with published guidance, to prevent them from being opened wide enough for a person to fit through.
- The safety of people's swallowing was assessed by healthcare professionals. Staff followed their guidance to protect people from the risk of choking and swallowing unsafely. For example, some people were supported to follow soft food diets. This was recorded in nutritional care records and followed by staff.

#### Staffing and recruitment

- The provider ensured that people were supported by staff who had been recruited appropriately. This included reviewing applications, interviewing candidates, confirming identities, taking up references and carrying out criminal records checks. This meant staff were suitable to provide care and support.
- Where agency staff were used, they received an induction when they began working at the service. This included an explanation of health and fire safety procedures and the services' layout and recording systems. Agency staff were paired up with an existing staff member to see how people's needs and preferences were met.

#### Preventing and controlling infection

- People were protected against the risk and spread of infection.
- The service followed an enhanced cleaning programme to counter COVID-19 risks. These included deploying a cleaning team throughout the day to clean frequently touched points such as handles, handrails, light switches and table surfaces.
- Staff followed published guidance when wearing personal protective equipment (PPE). This included



masks and gloves when providing personal care.

- Staff received training in infection prevention and control, as well as food hygiene to keep people safe.
- The kitchen was clean and hygienic. Items were stored and labelled correctly. Temperature records for foods served were accurately maintained.

Visiting in care homes

- The service supported people to receive visits from relatives and friends. These visits were managed in line with current guidance.

Learning lessons when things go wrong

- The new manager shared learning with the whole team when things had not gone wrong. For example, new quality auditing systems had been introduced in response to record keeping shortfalls.
- In response to things going wrong with medicines, the service's new manager took action by recruiting a clinical lead to oversee the implementation of safe and effective medicines practices. In addition, a medicines discrepancy form was created in response to audits revealing errors in recording and a safeguarding raised after people did not receive their medicines
- The manager reviewed all accidents and incidents that occurred at the service to identify causes and prevent recurrence.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed by health and social care professionals prior to arriving at the service. This meant the provider knew they were able to meet people's needs effectively.
- Once people had moved into the service, staff assessed their needs and developed care plans to meet them.
- People and their relatives were involved in assessments and care planning. This meant that care records reflected people's preferences for care and support.

Staff support: induction, training, skills and experience

- People were supported by trained and supervised staff. One member of staff told us, "I get supervision and any training I need."
- Staff attended one to one supervision meetings at which their personal development, as well as meeting people's needs, were discussed. The service's new manager was in the process of organising these meetings at the time of our inspection. They explained that going forward nurses would receive supervision from the service's new clinical lead, whilst support workers would be supervised by senior staff. The manager would, in turn, would supervise the clinical lead and senior staff. We will continue to monitor this development.
- Staff received the training they required. This included moving and handling, safeguarding and infection control. Staff also received training to meet people's specific needs such as diabetes, epilepsy and dementia care. This meant people received care and support from staff with up to date skills and knowledge.
- New staff received an induction to the service to ensure they understood people's needs and the provider's procedures.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food available. One person told us, "My favourite is Friday fish and chips."
- People received the support they required to eat and drink at mealtimes and were offered snacks and drinks throughout the day.
- Staff offered people a varied, balanced and healthy diet and were aware of people's specific dietary requirements.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked in partnership with a range of other agencies to meet people's needs. These included healthcare professionals, social workers and commissioners.
- The provider also worked closely with agency staff providers. This enabled the provider to ensure that

agency care staff and nurses had the experience, skills and knowledge required to meet people's needs. The provider also ensured that where possible, the same agency staff were used. This provided people with familiarity and continuity with care and support.

Adapting service, design, decoration to meet people's needs

- The service was clean and bright. There were flowers and pictures on display as well as photographs of people engaged in activities during which they looked happy.
- The service was wheelchair accessible. To get between floors, people had the option of an elevator or stairlift. To use either, people were supported by staff.
- People had access to quiet areas on each floor, a conservatory, an activities area and a garden.
- The building was secure, and visitors gained access to the reception area only after staff activated the buzzer entry system.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services whenever they required. One person told us, "I see the GP, dentist and optician when I need to. I am booked in to see the dentist."
- Staff supported people to maintain their oral health. One person told us, "Staff help me with my teeth every day."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were treated in line with legislation. Where required people were supported with mental capacity assessments and best interest meetings.
- Where people lacked capacity and restrictions were required, care records noted the specific details of the restrictions in place to keep people safe and the date upon which DoLS were approved and when they would expire.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last comprehensive inspection, we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People we spoke with were positive about the experience of living at St John's Nursing Home. One person told us, "I love it here. All the staff are lovely, they spend time talking with me. They understand me well."
- We observed staff and people sharing warm interactions throughout the day and staff we spoke with described people respectfully.
- Staff followed the service's 'resident of the day' programme. The resident of the day system involved one person each day being the focus for special attention. The person who was resident of the day enjoyed a one to one pampering session, a choice of their favourite meal and support to engage in their preferred activities. Their room was also checked by the maintenance team and deep cleaned by the cleaning team. This meant people felt valued.

Supporting people to express their views and be involved in making decisions about their care

- People chose how they received their care and support. For example, people chose when they got up, how they received their personal care and what they wore.
- People expressed their views about their care and support during one-to-one meetings and in group meetings. People's views were reviewed by the provider who used them to shape the service.
- Photographs of staff on shift were on display in reception. This meant people, relatives and visitors were aware of which staff were available to support them.

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people to do what they could for themselves in line with their assessments and care plans. This enabled people to maintain their independence.
- Care records were kept in a secure place and access was limited to those who needed to know. This meant the privacy of people's care records was maintained.
- People were supported to look well presented. The service had a salon where a visiting hairdresser did people's hair.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last comprehensive inspection, we rated this key question Good. At this inspection the rating has remained Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff met people's preferences for care and support. People's care records noted their likes and dislikes and how they wanted their needs met.
- People's needs were assessed. People, their relatives and healthcare professionals participated in these assessments, which reflected people's choices.
- Where people presented with anxiety and behavioural support needs, care records guided staff to support people in personalised way. For example, for some people reassurance was required when they became anxious or frustrated, whilst the care records for other people showed they preferred to be given space.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and care plans were in place to support people's expression and understanding.
- The provider made information accessible to people by using plain English, large print and pictures.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with their loved ones. Staff supported people to keep in contact with relatives and friends and to receive visitors. This meant people were protected from social isolation.
- The service organised activities for people to participate in. People were supported to engage in activities such as bingo, sing-along sessions, pampering sessions, movie nights and gentle exercise.
- The service had a part-time activities coordinator. In order to increase the activities offered to people the new manager was in the process of recruiting an additional activity coordinator. We will check the impact of this development at our next inspection.

Improving care quality in response to complaints or concerns

- People and their relatives had access to the provider's complaints process.
- We reviewed 5 complaints made to the service. In each case the service acknowledged the complaint with an email, investigated the concern and reported back to the complainant. This meant complaints were

manage in line with the provider's policy.

#### End of life care and support

- Staff were trained to support people should they be identified as requiring end of life care.
- Where people have been assessed to require end of life care, the service involved people, relatives and healthcare professionals and made a referral to a local beacon hospice which provides specialist support and guidance.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Whilst we found that improvements had been made in the weeks immediately before our inspection, we have not improved the rating to Good as we want to see improvements continue and to be sustained over time.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had a new manager in post. At the time of our inspection they had been working at the service for less than a month. They intended to apply to CQC to become a registered manager.
- The new manager had identified the need to improve the provider's quality checks. They showed us the new quality audit checks that were being introduced which were detecting the shortfalls in record keeping we found. For example, we found gaps in turning records, medicines administration records and fluid charts. The new audits had identified recent shortfalls in record keeping which led to action being taken to address them. This meant that newly introduced audits were leading to an improved understanding of quality assurance. We will continue to monitor the provider's quality auditing processes and assess their impact on driving improvements at the service.
- The manager and staff were clear about their roles and responsibilities. The manager had started the process of reorganising the staff team to improve the delivery of care and support. These improvements included recruiting 3 additional nurses, one whom was to be designated the service's clinical lead. A clinical lead is a qualified nurse responsible for nursing care at the service.
- People and staff spoke favourably about the new manager and the positive impact they had made on the service in the short time they had been in post. One person said, "He is nice." A member of staff said, "The manager is very helpful". A second member of staff told us, "Morale is good" Whilst a third staff member shared, "This is such a nice place to work in. We are very supported."
- The manager ensured staff were kept up to date with people's changing needs and important events at the service. They did this by gathering key staff each morning for a 10-minute meeting. The manager ensured records were kept of these meetings for later review and for staff who did not attend.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service gathered the views of people and their relatives on an on-going basis. At the time of our inspection, the new manager had invited relatives to attend a scheduled residents meeting. The meeting was arranged to formally introduce the new manager and to gather the views of people and their relatives

about improving care and support.

- Following the residents meeting and the implementation of actions arising from it, the new manager planned to undertake regular satisfaction surveys of people and their relatives and to share their results.
- Staff attended team meetings. These were used to discuss people's changing needs and the delivery of care and support. Staff were encouraged to contribute their ideas for improving the service. One member of staff told us, "We all speak openly." These meetings were minuted for future review and for staff who could not be present.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood the requirement to be open and honest when things had gone wrong.
- The manager ensured that the local authority and CQC were informed about important events at the service.

Continuous learning and improving care; working in partnership with others

- In order to make improvements and address concerns that had been raised, the new manager worked in partnership with others. For example, the manager met with social workers, healthcare professionals and pharmacists to agree, plan and implement improvements.
- The improvement plan for the service was agreed with the provider and discussed with staff. This meant the whole team understood the shortfalls that had occurred, the standard expected and the actions required to reach and sustain them.
- Care staff, nursing staff and the manager all had training programmes in place to improve their skills and knowledge.



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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<b>The provider had not ensured there was safe medicines management.</b>
	Regulation 12 (1) (2) (g)