

St Johns Nursing Home Limited

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Inspection report

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13 October 2021

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24 January 2022

Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

St Johns Nursing Home is a residential care home providing personal and nursing care to 28 people aged 65 and over at the time of this inspection. The service can support up to 58 people.

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

At our last inspection we found a safe environment was not provided. Windows had not been appropriately restricted and management records and audits had not identified or addressed these concerns.

At this inspection people's safety was still at risk as they were not cared for in an appropriately safe environment. Windows had still not been appropriately restricted to protect people from the risk of falling from height, and there were concerns about the security of the building.

Whilst there were systems in place to review health and safety procedures and the safety of the environment, these continued to not be effective in identifying the concerns we found during our inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 24 September 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected

This targeted inspection was prompted in part due to concerns received from a Coroner following an inquest into the death of a person in 2017 whilst receiving care at St Johns Nursing Home. The concerns included unsafe care due to the risk of people falling from height and the risk of people, who were unsafe to do so unaccompanied, leaving the service. A decision was made for us to inspect and examine those risks.

We also undertook this targeted inspection to check whether the Warning Notice we previously served in relation to Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met and to check on a specific concern we had about the safety of the environment. The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned

about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We have found evidence that the provider needs to make 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.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

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 have requested the provider provides us with regular updates on their action plan so we can monitor the improvements being made.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

St Johns Nursing Home Limited

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and to check on a specific concern we had about the safety of the environment.

Inspection team

One inspector undertook this inspection.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we held about the service prior to our inspection. This included their action plan

following our previous inspection and any statutory notifications received. We used all of this information to plan our inspection.

During the inspection

We spoke with the nominated individual, the registered manager, the maintenance officer and the receptionist. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed the safety of the environment and reviewed records relating to the safety of the environment.

After the inspection

We asked the registered manager to provide evidence they had taken action to address the immediate risks to people's safety identified at our inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check a specific concern we had about window restrictors and the security of the building. We will assess all of the key question at the next comprehensive inspection of the service.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- At our last inspection we identified a window that was not appropriately restricted putting people at risk of falling from height. Prior to our inspection we received information that the operations director had identified a further 17 windows that had not been restricted continuing to put people at risk of falling from height.
- During this inspection we found people continued to not be cared for in a safe environment. We identified 27 windows that were not appropriately restricted to ensure people were protected from the risk of falling from height. We also identified a further eight windows that were not appropriately restricted posing a security risk.

The provider had not ensured that a safe and secure environment was provided for people using the service. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection we requested the provider submit additional evidence to confirm that action had been taken following our inspection to ensure all windows were now appropriately restricted and the related risks to people's safety had been mitigated. This was received and the photographic evidence submitted by the provider showed that all windows were now secure protecting people from the risk of falling from height and the risk of people leaving the service without staff's knowledge. The provider also supplied additional evidence to address the concerns about the security of the premises and the plans they had in place to ensure people did not leave the service unaccompanied, when it was unsafe for them to do so.

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 the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check a specific concern we had about the systems in place to assess, monitor and mitigate risks to people using the service and to see if the provider had met the requirements of the warning notice we previously served. We will assess all of the key question at the next comprehensive inspection of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to implement effective systems to assess, monitor and mitigate the risks to people. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- The provider continued to not have effective and robust systems to assess, monitor and mitigate risks to people's safety. Whilst governance systems were in place to review the health and safety of the environment, these had not been effective in identifying and addressing the concerns we found during our inspection. Regular audits and checks on the safety of the environment had been undertaken but they had failed to identify the risks to people's safety and the provider did not have effective systems in place to learn from previous incidents.

This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After our inspection we asked the provider to submit a copy of their environmental risk assessment. We found this assessment continued to not appropriately assess and mitigate the risks to people of falling from height.

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	The provider had failed to ensure that care and treatment was provided in a safe way which appropriately assessed and mitigated risks to people's safety. Regulation 12 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had failed to assess, monitor and mitigate risks relating to the health, safety and welfare of service users. Regulation 17 (1) (2) (b)