

St Johns Nursing Home Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

St Johns Nursing Home is a care home that provides personal and nursing care for up to 58 older people, some of whom were living with dementia. There were 42 people using the service at the time of our visit.

People's experience of using this service

Staff recruitment followed suitable processes so only suitable staff were employed. There were enough staff to support people safely and staff had enough time to interact with people and build good relationships.

The provider assessed risks to people and took action to reduce the risks. Staff were aware of the risks. People received medicines safely as systems were in place to ensure staff were competent and followed best practice. The provider checked the premises and equipment to ensure risks were identified and reduced. The service was clean and free of malodours and staff followed suitable infection control procedures.

A new manager was in post who was registering with us. The manager had worked at the home for many years in a different role and was well respected by people, relatives and staff. Staff received regular supervision to support them in their roles. The provider had good oversight of the service with a system of checks and audits to ensure high standards were maintained. Staff received a wide range of training to understand people's needs.

People and relatives were positive about the staff who were described as kind and caring. Staff treated people with dignity and respect and encouraged them to maintain their independence. People were involved in their care and also in developing their care plans. 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 were provided with a wide range of activities they were interested in and people who remained in their beds also received individual activities. People enjoyed the food they received. They received choice of food and their needs and preferences, including any religious or cultural needs, were met. Staff supported people to see the health and social care professionals they needed to maintain their health and wellbeing.

People and relatives knew how to complain and had confidence the management team would respond appropriately to any issues they raised. The provider communicated well with people, relatives and staff and listened to their views as part of improving the service.

We found the service met the characteristics of a "good" rating overall.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (report published 7 July 2018) and there were multiple breaches of regulation. 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 regulations.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The rating has improved to "good" overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

Our inspection was completed by two inspectors, a specialist nurse adviser and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

St John's Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 did not have a manager registered with the Care Quality Commission although the manager in post was registering with us. A registered manager and the provider are both legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

Our inspection was unannounced and took place on 6 June 2019.

What we did

Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public and the local authority commissioning and quality monitoring

group. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We spoke with 12 people who used the service and four relatives. We spoke with the manager, the activities coordinator, the maintenance person, two nurses and three care workers. We reviewed three people's care records, five staff files, audits and other records about the management of 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to take appropriate action in relation to known risks for a person. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- The provider assessed people to identify risks and put suitable guidance in place which staff followed to reduce the risks. Risks included all aspects of their care and welfare, including their nursing care needs.
- We found the premises and equipment were in good condition. The provider carried out health and safety checks on the premises and equipment including fire, gas, electrical and water hygiene safety, pressure relieving equipment, lifting equipment, bed rails, wheelchairs and window restrictors. However, we found people could be at risk from machinery and contaminated items in two sluice rooms as these were not lockable. When we raised our concerns with the provider they took immediate action to improve. A maintenance person was available to carry out prompt day to day repairs at the service.

Staffing and recruitment

- At our last inspection we found there were not always enough staff to support people safely and the provider increased staffing levels immediately in response to our concerns. At this inspection we found the provider scheduled enough staff to care for people. However, some people and relatives told us there were sometimes less staff than scheduled on weekends. The manager told us this was usually due to short notice staff sickness and they brought in staff cover as soon as possible. The manager was investigating this issue and following a plan to improve in relation to this.
- Some relatives told us they preferred permanent to agency staff as they knew their relatives better. The manager told us they had recruited to vacant posts and agency staff would be reduced soon.
- The provider carried out recruitment checks on staff including a criminal record and identification checks, nursing registration checks and satisfactory employment and personal references so only suitable staff were employed. The right documents were stored securely on file.

Preventing and controlling infection

- We found the premises and equipment were clean and there were no malodours. Domestic staff were on hand through the day to ensure the premises remained clean.
- People were protected from the spread of infection as staff followed suitable practices. For example, staff

wore personal protective equipment (PPE) such as gloves and aprons when providing personal care. Staff separated soiled linen and washed them at suitable temperatures in industrial washing machines.

- The kitchen was also clean, and staff followed good hygiene practices to reduce the risk of food-borne infections.

Using medicines safely

- People and relatives had confidence in the support staff provided regarding medicines. Comments included, "Staff give me my tablets, they help me" and "I think the staff know what medicines people need. They are very good and sort all that."
- People received their medicines safely as staff followed safe practices in relation to medicines ordering, receipt, storage, administration, recording and disposal.
- Staff received training in medicines management to keep their knowledge current and the provider assessed the competency of staff.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People felt safe with the staff who supported them. Comments included, "I'm safe and cared for", "They look after and care for me and keep me safe" and "My [family member] is very safe here, we have no worries in any way."
- The manager and staff understood their responsibility to safeguard people from abuse and received regular training in this.
- The provider took the necessary action in response to any allegations of abuse to reduce the risk of reoccurrence.
- Staff recorded accidents and incidents appropriately. The provider had systems in place to check people received the right support, analyse reports and identify trends to reduce the risk of reoccurrence.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff were supported in their roles through sufficient training and supervision. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- People and relatives told us they found staff to be well trained. Comments included, "The staff seem to get a lot of training and you can tell they are experienced and know what they are doing" and "They know what they are doing."
- Staff received a comprehensive induction and a wide range of training to help them understand people's needs. Nurses were provided with training in clinical areas to help them maintain their registration.
- Staff received regular supervision to review their work and development needs. The provider regularly checked staff remained competent in their roles by observing and assessing them. Staff also received annual appraisal to review their performance and set goals for the coming year.
- Staff told felt supported by the management team and felt the training was useful and good quality.
- People were supported by staff who received the training they needed to understand people's needs. Staff told us training was comprehensive and good quality. The provider supported staff to complete diploma's in health and social care to further their knowledge.

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 Act 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.

- Our discussions with staff showed they understood the MCA principles in relation to consent as the provider had trained them in this area. The provider assessed people's capacity in relation to the care they provided in line with the Act.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Several people were being deprived of their liberty at the time of our inspection and the provider had applied for authorisation for them appropriately.
- Staff understood their responsibilities in relation to DoLS such as which people were deprived of their liberty and any conditions relating to this. This information was also available for staff to refer to.

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

- Most people and relatives were positive about the food. We saw people were given their choice of food and the menu was based on people's preferences and any religious, cultural or dietary needs. Comments included, "I like the food, plenty of it", "The food is good there is always a choice and they will cook [cultural foods] which [my family member] likes" and "Good food, always a choice."
- People at risk of malnutrition and dehydration were carefully monitored by staff and were given enough to eat and drink. People were supported to access specialist services when they were at risk of choking or were at risk of malnutrition and dehydration. Specialist advice was included in people's care plans and staff followed this to help people maintain their health.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider assessed people's needs prior to admission by speaking with them and their families and reviewing professional reports. The provider created care plans based on these assessments which they reviewed each year.
- People were supported to see the healthcare professionals they needed to maintain their health such as GPs and hospital specialists and staff followed their advice. Nurses were available to give urgent medical attention to people. Comments included, "The doctor comes all the time and if I want my eyes or teeth checked [specialists] come in and help" and "The doctor is here when you need one."
- Information about people's health conditions were recorded in their care plans for staff to refer to.

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

- The service had some dementia friendly signage to help people orientate around the home. On the top floor the provider painted doors different colours to the frames to help people with dementia recognise their rooms and communal facilities.
- The service had a lift and handrails were positioned to help people mobilise around the home.
- The garden was well maintained and accessible to people, and we saw people enjoying spending time on the patio outside.
- People's bedrooms were decorated according to their own preferences when they moved in. People were encouraged to personalise their bedrooms with meaningful possessions to make them feel at home.

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 the last inspection this key question was rated as good. At this inspection this key question has remained good. People were supported and treated with dignity and respect and involved as partners in their care.

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

- People and relatives liked the staff and formed positive relationships with them. Comments from people and relatives included, "The staff here are so kind and caring and know how to look after [my family member] very well", "The staff go out of their way to listen and care for the residents" and "They are gentle."
- We observed staff spent much time interacting with people in communal areas and their rooms, providing companionship, humour and comfort when people became distressed.
- People's needs and preferences were understood by staff. Comments included, "The staff know [my family member] and look after them", "The staff are good and listen to me and know what my [family member] likes and needs."
- Staff received training in equality and diversity and respected people's protected characteristics such as their sexuality.

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

- People were involved in decisions about their care such as when and how they received personal care, their choice of food and clothing and how they spent their day.
- Staff understood how to communicate with people to help them make choices and express their views. Staff gave people the time they needed to communicate, and people told us staff communicated well with them. The provider encouraged staff to communicate with people in their preferred language where possible. For one, person staff were encouraged to say certain words and phrases in their language from a guide in their room.

Respecting and promoting people's privacy, dignity and independence.

- Staff treated people with dignity and respect and spoke to them kindly. Comments included, "Staff respect my dignity", "The staff are fantastic cannot be caring enough. You can see they care for and respect the residents" and "There is respect for people's dignity here which is important."
- Staff knocked before entering rooms and greeted people using their preferred names. Staff maintained people's dignity during personal care.
- People were supported to maintain their appearance and a hairdresser visited the service. We observed people were well dressed in clean, matching clothes appropriate for the weather.
- Staff encouraged people to be as independent as they wanted to be. Comments included, "I think the staff encourage as much as they can" and "The staff help and suggest things and what I can do to help."
- The provider welcomed visitors to the service and kept family members up to date with people's progress. This helped people maintain important relationships.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us their support met their needs and preferences and relatives agreed. Comments included, "All the information is updated and everyone has a keyworker so they get to know the people well. They are involved in the care plan" and "The care plan is discussed the staff keep us involved."
- People's care plans were personalised, setting out the best ways for staff to care for people in line with their needs and preferences. The provider kept care plans under review so information in them remained reliable for staff to follow.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider understood the Accessible Communication Standard and noted people's communication needs and preferences in their care plans and how staff should meet them. People's individual communication needs were met.

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 provided with a range of group and individual activities based on their interests. Comments included, "There are activities and outings going on all the time", "There is a lot going on and the activity co-ordinator is fantastic and includes people who cannot communicate well", "I like the singing and the music", "The activity coordinator goes around the rooms for those people who stay in bed and chats to them or plays music."
- Activities included exercise groups, arts and crafts, quizzes and bingo. The provider arranged some day trips to places of interest and held a regular market in the home where people could choose their own produce from stalls. A competent and experienced activities officer led the activities programme and consulted well with people.

Improving care quality in response to complaints or concerns

- People knew how to complain and who to complain to or raise concerns and had confidence in how the provider would respond. Comments included, "The manager is very friendly we would chat to her or any of the staff really and they follow procedure here well I am sure", "I would go straight to the manager. She is very good her door is always open" and "I think this place is fantastic, I have not got any issues, any little things happen it is sorted straight away."

- The provider had a suitable system in place to record, investigate and respond to any complaints they received.

End of life care and support

- People were sensitively supported to plan how they wanted to receive end of life care in advance, involving their relatives. Staff were due to begin receiving training from the local hospice on end of life care.

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. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles and understanding quality performance, risks and regulatory requirements.

- At our last inspection we found the provider's systems for monitoring the quality and safety of the service were not always operating effectively. At this inspection we found the provider had improved and had good oversight of the service. The provider regularly checked the service to ensure they maintained high standards.
- During this inspection we identified the provider did not always ensure confidential records were stored securely. When we raised our concerns the provider took immediate action to improve.
- A new manager was in post who was registering with us. The manager had worked at the service for many years in a different role before being promoted to manager. We found they were well respected by people, relatives and staff.
- Comments included, "The manager is kind and asks how I am", "She keeps everyone informed and trains all the staff", "Everything seems to be running well and you can go to the office when you need to", "The manager is great, very approachable. She is always available, this is a well-run home." Our discussions and inspection findings showed the manager and staff at all levels had a good understanding of their role and responsibilities.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People were involved in reviewing their care with their relatives and healthcare professionals. People's preferences and goals for their care were recorded in their care plans.
- People and relatives told us staff and management communicated openly with them. Comments included, "They ask me what I think, I always tell them", "They do ask what we think and what music people like."
- The provider was open when things went wrong. They informed people and their relatives if there were any errors in people's care, took action to improve and apologised.
- The provider notified CQC appropriately of significant incidents including allegations of abuse and serious injuries.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others.

- Systems were in place for the provider to communicate with people and their relatives. The manager held regular residents' and relatives' meetings to find out people's views on the service and use this to improve. A

relative told us, "The relatives' meetings are very well attended, and we can raise issues at the meeting."

- Staff told us the provider communicated well with them. Daily handover meetings were held for staff to be informed of any changes to people's care and what was expected of them that shift. The manager held regular meetings with the whole staff team as well as smaller meetings with the nurses, domestic staff, chefs and maintenance.
- The provider carried out an annual survey of residents, relatives and staff as part of quality monitoring and involving key people in the running of the home.
- The provider worked with other health and social care professionals involved in people's care to help maintain their wellbeing.