

St Johns Nursing Home Limited

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## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection was carried out on the 5th and 7th June 2018 and was unannounced. St Johns 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 home provides care and support to up to 58 older people who may have dementia. At the time of this inspection 46 people were using the service. At our last inspection of this service on 29 November 2016 the service was rated 'good'.

The inspection was prompted in part by notification of an incident following which a person using the service died. This incident is subject to a criminal investigation and as a result this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk relating to people using the service. This inspection examined those risks.

At this inspection we found breaches of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Appropriate action had not always been taken to support people where risks to them had been identified. Staff were not always supported in their roles through training and supervision. You can see what action we told the provider to take at the back of the full version of the report.'

We also found that appropriate health care professionals, the local authority and CQC had not been notified the in a timely manner of a recent incident of attempted self-harm. Although there were systems in place that complied with the Mental Capacity Act 2005 (MCA 2005) we found that Deprivation of Liberty Safeguards applications and conditions were not always managed appropriately. During our routine observations we found a number issues with maintenance at the home. The registered manager addressed the issues above during the inspection.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider reviewed records of accidents and incidents to determine whether any changes were needed to the way in which people were supported, but improvement was required to ensure accidents and incidents were consistently reported to the appropriate authorities. People told us they felt safe living at the home. Training records confirmed that staff had received training on safeguarding and there was a whistle-blowing procedure available and staff said they would use it if they needed to. There was a good staff presence at the home and staff were attentive to people's needs. Medicines were managed appropriately and people were receiving their medicines as prescribed by health care professionals. There were procedures and policies in place to protect people from the risk of infections and to ensure the home environment was kept clean.

Staff were aware of the importance of seeking consent from people when supporting them with their needs. Assessments of people's care and support needs were carried out before they moved into the home. Most people told us they enjoyed the meals provided to them and they could choose what they wanted to eat. People were supported to maintain good health and they had access to healthcare professionals when they needed them.

People had been consulted about their care and support needs. Care plans and risk assessments included detailed information and guidance for staff about how people's needs should be met. People told us their privacy and dignity was respected. There were plenty of appropriate activities for people to partake in if they wished to do so. The home had a complaints procedure in place and people said they were confident their complaints would be listened to and acted on.

The provider sought people and their relative's views through residents and relative's meetings and satisfaction surveys. The registered manager worked with other care providers and professional bodies to make improvements at the home. All of the staff we spoke with said they enjoyed working at the home and they received good support from the registered manager and deputy manager.

## 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.

We found that appropriate action had not always been taken to support people where risks to them had been identified.

The provider reviewed records of accidents and incidents to determine whether any changes were needed to the way in which people were supported, but improvement was required to ensure accidents and incidents were consistently reported to the appropriate authorities.

The service had safeguarding and whistle-blowing procedures in place and staff had a clear understanding of these procedures.

Sufficient numbers of staff were not deployed to meet people's care and support needs.

There were safe recruitment practices in place and appropriate recruitment checks were conducted before staff started work.

Medicines were managed safely and medicine audits were conducted in line with the provider's policy to ensure safe practice.

There were arrangements in place to deal with foreseeable emergencies and there were systems in place to monitor infection control, the safety of the premises and equipment used within the home.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Staff were not always supported in their roles through training and supervision.

There were systems in place that complied with the Mental Capacity Act 2005 (MCA 2005) however, Deprivation of Liberty Safeguards applications and conditions were not always managed appropriately.

**Requires Improvement** ●

Assessments of people's care and support needs were carried out before people moved into the home.

People were provided with sufficient amounts of nutritional foods and drink to meet their needs.

Staff monitored people's health and wellbeing and people had access to a GP and other healthcare professionals when needed.

### Is the service caring?

Good ●

The service was caring.

People told us their privacy and dignity was respected.

People and their relatives, where appropriate, had been involved in planning for their care needs.

People were provided with appropriate information about the service. This ensured they were aware of the standard of care they should expect.

### Is the service responsive?

Good ●

The service was responsive.

People had care plans and risk assessments that provided guidance for staff on how to support them with their needs.

There were plenty of appropriate activities for people to partake in if they wished to do so.

The home had a complaints procedure in place and people said they were confident their complaints would be listened to and acted on.

People received appropriate end of life care and support when required.

### Is the service well-led?

Requires Improvement ●

The service was not always well led.

The homes systems for monitoring the quality and safety of the service were not always operating effectively.

The home had a registered manager in post.

The provider sought the views of people and their relatives

through meetings and satisfaction surveys.

Staff said they enjoyed working at the home and they received good support from the registered manager. There was an out of hours on call system in operation that ensured that management support and advice was always available to them when they needed it.

The registered manager worked with other care providers and professional bodies to make improvements at the home.

# St Johns Nursing Home Limited

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection was carried out on the 5th and 7th June 2018. The inspection team on the first day consisted of two inspectors, a specialist nurse advisor 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 service. The lead inspector returned to the home on the second day to speak with the registered manager and staff and examine records related to the management of the home.

Before the inspection we looked at the information we held about the home including notifications they had sent us. A notification is information about important events which the service is required to send us by law. The provider had also completed a Provider Information Return (PIR) prior to the inspection which we reviewed. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help inform our inspection planning.

We spent time observing the care and support being delivered. We spoke with six people using the service, four visiting relatives, the registered manager, area manager, deputy manager, two registered nurses, six care staff, the activities coordinator, two chefs, two domestic staff and the maintenance man. We looked at records, including six people's care records and five staff members' recruitment and training and supervision records. We looked at other records relating to the management of the service such as audits and policies and procedures. We also looked at areas of the building including communal areas and external grounds.

Not everyone at the service was able to communicate their views to us so we also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.



# Is the service safe?

## Our findings

People told us they felt safe. One person told us, "The security and the staff make me feel safe. The staff are brilliant." Another person said, "There's enough staff on in the day, night and at weekends." A relative told us, "It is safe here, and the staff are pretty good, there's always someone there. My loved one is happy here." Despite these positive comments we found that the service was not always safe.

Appropriate action had not always been taken to support people where risks to them had been identified. During the first day of the inspection we observed on a number of occasions that the top floor lounge was in use by people and unstaffed despite a sign displayed on the wall stating 'Don't leave top floor lounge unattended. A carer should be present at all times.' A member of staff told us that this was because some people were assessed as being at high risk of falls and they needed to be supervised. People were therefore being placed at risk of unsafe care because staff were not always available to support them with an identified risk.

We found that Malnutrition Universal Screening Tool's (MUST) had been completed and placed in people's care plans. Where people had been assessed of high risk we saw that appropriate actions had been taken by the home. For example, they had been referred to health care professionals, dietary supplements had been prescribed and weight and food and fluid monitoring charts were being completed. However, we found that one person's MUST tool recorded they had lost a significant amount weight over a short period of time. We drew this to the registered managers attention. They told us that staff should report any significant weight loss to them however they had not been notified in this instance. The registered manager told us they would address reporting significant weight loss with the nursing team. Although we found there had been no negative impact to this person and they were receiving appropriate nutritional support from health care professionals at the time of our inspection the failure to report significant weight loss could have placed the person at risk of not having their needs safely managed.

We noted that a risk assessment had been carried out for one person following a recent incident of attempted self-harm. The risk assessment included actions for staff to follow to reduce the likelihood of the same incident occurring again however no further action had been taken until we discussed the incident with the registered manager. This person was therefore being placed at risk of unsafe care because advice had not been sought immediately from appropriate health care professionals to support them with an identified risk. On the first day of the inspection the registered manager contacted relevant health care professionals and the local authority, they completed an incident form and notified CQC of the incident. On the second day of the inspection we saw support guidelines had been obtained from a health care professional and put in place for staff to follow to support the person with their needs. Notes in the person's care file recorded that the health care professional had advised the home they would discuss the incident with the Multi-Disciplinary Team and contact the home in a week's time.

These issues were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The registered manager reviewed records of accidents and incidents to determine whether any changes were needed to the way in which people were supported, but improvement was required [in relation to the non-recording and reporting of the incident of attempted self-harm that we identified on the first day of the inspection] to ensure all accidents and incidents were consistently recorded and reported. We looked at the home accidents and incidents folder on the second day of the inspection. The registered manager told us that incidents and accidents were recorded and monitored to identify any trends. They said lessons had been learned where trends had been identified. For example, we saw there had recently been a high number of falls occurring on the top floor of the home. On the first day of the inspection the registered manager told us they were in the process of reviewing the top floor staffing levels as they felt an extra member of staff was currently required. On the second day of the inspection the registered manager and staff we spoke with confirmed that the staffing levels on the top floor had increased from three care staff on duty to four each day.

We found that other risks to people had been assessed in areas including mobility and skin integrity. Guidance was in place for staff on managing risks where they had been identified and staff we spoke with were aware of how these risks should be safely managed. For example, staff knew which people were at risk whilst mobilising and we observed staff supporting people in an appropriate manner to mobilise safely. We also saw that fluid and dietary intake charts were in use where required and these were kept in folders to aid effective recording.

The service had policies and procedures for safeguarding adults from abuse and whistle-blowing. Staff we spoke with demonstrated a clear understanding of how to safeguard people and the types of abuse that could occur. They told us the signs they would look for and what they would do if they thought someone was at risk of abuse. They said they would report any concerns they had to the nurse in charge or the registered manager. Training records confirmed that all staff had received training on safeguarding adults from abuse. One member of staff told us, "If I thought someone was being abused I would report it right away to the nurse in charge or the registered manager. If I needed to I would tell social services and the CQC." Staff said they were aware of the provider's whistle-blowing procedure and they would use it if they needed to. The registered manager told us they were aware of the action to take when making a safeguarding referral if required. However, improvement was required as the registered manager had not notified the local authority safeguarding team or CQC in a timely manner of the recent incident of attempted self-harm referred to above.

There were safe systems in place for storing, administering medicines and for monitoring controlled drugs. Medicines were stored securely in locked medicines trolleys and cabinets within locked clinical rooms. Controlled drugs were kept in locked cupboards within the locked medicine cupboards. Where medicines required refrigeration, we saw they were stored in medicines fridges in the clinical rooms. Daily medicines fridge and clinical room temperature monitoring was in place and recordings were within the appropriate range. We observed a nurse administering medicines to people. They checked medicine administration records [MAR] before administering, they approached people and explained that they were going to give them their medicine and then returned and signed the MAR to confirm that it had been given. However, we observed on a number of occasions that the nurse left the medicines trolley unlocked and unattended. We drew this to the attention of the registered manager who told us they would address this with the nurse concerned. We saw medicine regular audits were carried out and evidence that the outcomes from these audits had been shared with staff and areas for improvement had been identified and acted upon. Medicine procedures at the home were regularly audited by a prescribing pharmacist. We saw reports from the pharmacist's visits in November 2017 and May 2018. During these visits the pharmacist did not identify any areas in medicines management that required any actions.

We found that one person had been prescribed an as required [PRN] medicine to reduce behaviours such as aggression and agitation however there was no PRN protocol in place advising staff when and under what circumstances they should administer this medicine. This left the person at risk of not receiving their medicines when they needed them. We saw there was a care plan in place with actions for staff to take to support the person with their behaviours. We also saw behaviour charts recording triggers for the persons behaviours, the behaviour that had occurred and the actions taken by staff to resolve the situation for example, offering them a cup of tea or chatting with them to help calm them down. The area manager told us they were currently attending the providers care homes to make sure there were PRN protocols in place for people where required. One the second day of the inspection we saw that a PRN protocol had been put in place which reflected the actions recorded in the care plan and the circumstances staff should administer this medicine to the person.

People told us they thought there were enough staff within the home and staff responded promptly to their requests. One person said, "Yes I think so. They [staff] are very busy but there seems to be enough of them around to help when we need it." Another person commented, "They [staff] are very good. I only have to ask and they come." Staffing rotas showed that the service used regular agency staff to maintain staffing levels and continuity of care. The registered manager told us agency care staff were used on a regular basis, most of whom had been working at the home for long periods of time and knew people well. They told us that they currently had some staff vacancies and had recently recruited to one post. They said that they did not have a staff dependency tool in place to assess staffing levels within the home, however they looked at staffing levels in relation to people's needs to plan and set staffing levels accordingly. We noted at the time of our inspection that staffing level ratios and rotas corresponded with staff that were on duty.

There were infection control and cleaning policies and procedures in place to protect people from the risk of infections and to ensure the home was kept clean. However, during our inspection, we observed areas of the premises were not always managed safely and appropriately nor were odour free. We noted that the top floor had bad malodours even after being cleaned and this required improvement. We saw that a local authority commissioner visited the home in October 2017 and reported strong smells on the top floor. Following their visit the home produced an action plan which detailed the actions taken to eliminate the odour in January 2018. However, during this inspection, an odour was again present. We drew this to the registered managers attention who advised that they would act to ensure the home was free from bad odours. We will check on this at our next inspection of the service.

We saw that toilets, bathrooms and communal areas were predominately kept clean and contained alcohol gel dispensers and liquid hand soaps so hand washing practices could be maintained. However, we noted that two bathrooms on the top floor had no functioning lock on the door to promote people's dignity and privacy and one door was unable to be closed due to being warped. We noted that the lino flooring in this bathroom was also warped creating a trip and infection control hazard. Another bathroom on the first floor had no thermometer to measure bath water temperatures despite a sign on the wall stating, 'Bath temperatures should be between 40 and 44 Celsius, use the thermometer.' We noted that a ground floor toilet had a large window which opened out full and had no window restrictors in place to ensure people's safety. We drew these concerns to the registered managers attention who took appropriate actions to ensure a window restrictor was fitted and in place at the time of our inspection. Following the inspection, the registered manager confirmed with us that functional locks had been placed on all communal toilet doors, the lino in the bathroom had been repaired and the thermometer had been replaced.

During our inspection we observed that domestic staff had appropriate cleaning equipment provided including colour coded mops and Personal Protective Equipment (PPE) such as gloves and aprons to prevent cross infection and to ensure the environment was kept clean. They told us that they had received

relevant training on COSHH and infection control and were provided with cleaning equipment when needed. Cleaning schedules and audits were completed across the home and these identified if there were areas that required improvements. The laundry room was clean and we saw colour coding was in use for the washing of clothes to reduce cross infection risk. There was an external contract in place to manage pest control and we saw that pest control management and prevention was conducted on a bi-monthly basis. We saw that equipment maintenance checks and audits were conducted such as, pressure mattress, bedrails, wheelchairs, hoists, kitchen appliances and water and shower descaling to ensure equipment was safe to use.

There were arrangements in place to manage emergencies. Staff were knowledgeable about what to do in the event of a fire and told us they had received training on fire awareness. We saw that fire alarm tests and drills were conducted on a regular basis and people had personal emergency evacuation plans in place which set out the support they required in the event of an emergency. A fire risk assessment was in place and provided staff with guidance on the actions to take in the event of a fire within the home. We saw that fire equipment was subject to regular checks and monitoring to ensure they were effective and safe to use. Emergency first aid kits were available on each floor of the home and these were checked to ensure first aid equipment was in date and safe to use. There were also systems to manage gas, portable appliances and water safety.

There were safe recruitment practices in place and appropriate recruitment checks were conducted before staff started work to ensure they were suitable to be employed in a health and social care environment. Staff files contained completed application forms with records of interviews questions and responses and how the decision to appoint was reached. Files also contained records of appointee's previous employment history, identification, right to work in the UK where applicable, and criminal records checks to ensure staff were of good character and suitable for the roles. Records relating to nursing staff were maintained and included their up to date PIN number which confirmed their professional registration with the Nursing and Midwifery Council (NMC).

## Is the service effective?

### Our findings

People told us the service was effective and met their needs. One person said, "I think the staff know what they are doing for me." Another person told us staff sought their consent and respected their choices. They said, "Oh yes the staff always ask my permission, they know I can do a lot for myself." A relative said, "The staff are well trained. I think they know what they are doing." Despite these positive comments we found that improvement was required to ensure people received an effective service.

Staff were not always supported in their roles through training and supervision. There was a provider induction and training programme in place for new staff. However, we noted that this was not in line with the Care Certificate and did not include learning in key areas, such as, The MCA and DoLS and equality and diversity. The Care Certificate is a set of national standards that social and health care workers are required to follow in their daily working life. It is the minimum standard that should be covered as part of induction training for new care workers. We also noted that there were long periods of time from when new staff started till when they were provided with induction training. For example, one member of staff started in July 2017 but did not receive any training until November 2017. We drew these concern to the registered managers attention. They told us that the provider used their own induction programme which offered training which they considered to be mandatory. They told us that training sometimes took time to access so there are delays and that they had discussed implementing the Care Certificate with the provider.

Staff received training in areas such as, moving and handling, infection control, first aid, food hygiene, health and safety, fire awareness and safeguarding adults. Training was also provided in specialised areas to meet people's individual needs such as, dementia, challenging behaviour, person centred care and continence amongst others. However, we looked at the homes training matrix and noted that training was not always regularly refreshed to ensure staff remained up to date with best practice and not all staff were provided with training relevant to the needs of the people they supported. For example, we saw that only two members of staff had completed MCA training within the last two years, only one member of staff had ever completed equality and diversity training despite the home being multi-cultural, only two members of staff had completed training on nutrition and diet within three years and only one member of staff had completed continence training within three years.

One member of staff told they could not recall when they last had a supervision but they thought it was either at the end of 2017 or the beginning of 2018. They said they had an appraisal in 2017. Another member of staff told us, "I think we get supervision every six months, I can't remember when I had the last one but it was last year some time." A third staff member commented, "I had supervision about six months ago and I had an annual appraisal last year." The registered manager told us that they provided staff with supervision six times a year and an annual appraisal, however they acknowledged that supervisions and appraisals had not always been conducted on a regular basis. We looked at the homes supervision matrix which showed that staff did not receive supervision on a regular basis. For example, one member of staff joined the service in August 2017 and did not receive supervision until January 2018. Another member of staff joined the service in July 2015 and had only received one appraisal in March 2017 with their last supervision dated September 2017.

These issues were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our inspection the registered manager sent us a training programme plan they had established with local authority commissioners. The plan addressed the issues we raised and we saw that suitable training had been booked for staff to attend. We were not able to assess the impact of the new training programme plan on people's care as the programme was not fully operational at the time of inspection. We will check on staff training again when we next inspect the service.

Staff were aware of the importance of seeking consent from people when supporting them with their needs. One member of staff told us, "I would not force any resident to do anything if they didn't want to do. I always encourage people to do as much as they can for themselves."

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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Care plans we looked at showed that where people lacked capacity to make specific decisions for themselves, mental capacity assessments were conducted and decisions were made in their best interests, in line with the requirements of the MCA. Where people had capacity or fluctuating capacity to make decisions we saw these were documented. We saw that applications had been made to local authorities to deprive people of their liberty where this was assessed as required. Where these applications had been authorised, we saw that the appropriate documentation was in place. However, we noted that DoLS were not always kept under review and conditions of authorisations were not always appropriately followed by staff. For example, we saw that one DoLS authorisation was due to expire within nine days following the inspection. The condition documented that, "If further authorisation is required St John's nursing home should submit the request 28 days before the expiry of this authorisation", however this had not been done. We also noted that the homes DoLS monitoring form was not regularly completed nor updated to ensure DoLS applications and conditions were managed appropriately. These issues required improvement. We drew these issues to the attention of the registered manager who took action following our inspection to ensure DoLS authorisations and conditions were met, monitored and managed appropriately. We will check on this again at our next inspection of the service.

Assessments of people's care and support needs were carried out before they moved into the home. These assessments were used to draw up individual care plans and risk assessments. Nationally recognised planning tools such as the multi universal screening tool were being used to assess nutritional risk. People's care plans described their needs and included guidance for staff on how to best support them. We saw that people's care plans and risk assessments had been kept under regular review.

People were provided with sufficient amounts of nutritional food and drink to meet their needs. People's care plans included assessments of their dietary needs and preferences. These assessments indicated their dietary requirements, food likes and dislikes, food allergies and their care and support needs. We saw that speech and language therapist's advice had been sought for people with swallowing difficulties. We saw that eating and drinking support guidelines for staff to follow were in place in their care files. We spoke with



two chefs'. They showed us documents which alerted kitchen staff to people's dietary risks, personal preferences and cultural and medical needs. A relative commented, "They cook lots of Caribbean and West Indian food and have bun and cheese, all things that make my loved one feel at home and settled. We noted that the kitchen was clean and well-kept. The Food Standards Agency visited the service in December 2017 and rated them 4 stars.

We observed how people were being supported and cared for at lunchtime. We noted that there were no picture menus or sample plates of food for people to choose from at meal times. The registered manager showed pictures of food that were shown to people at resident's meetings for menu planning. They told us the home's new administrator was in the process of developing picture menus for the home. We will check on this at our next inspection of the service. Some people required support with eating and some ate independently. The atmosphere in the dining room was relaxed and not rushed and there were enough staff to assist people when required. Some people ate their meals in their rooms in accordance with their preferences. We saw that they received hot meals and drinks in a timely manner. We saw that people were also provided with drinks and snacks throughout the day and these were available in the lounges on each unit. One person using the service told us, "Food is nice, it varies and they put a menu on the table. We choose what we want at lunch time." Another person said, "They have a choice of drinks and staff encourage us to drink." A third person commented, "The food is really good but a bit overwhelming at times because they give me too much. The warm breakfast is really very good."

A relative told us that their loved one did not eat pork or beef but these items were usually on the menu at the same time. When this happened, staff offered their loved one a vegetarian option. They also said their loved one did not like custard, but when desserts were served, they arrived with the custard already on them. Another relative said the doctor advised them that their loved one was dehydrated and needed to drink more fluids. The relative suggested to staff that people should have a cup on a table next to them, and staff could refill and prompt people to take a drink. As yet this is still not happening. We drew these concerns to the registered managers' attention who took appropriate actions to ensure people were offered a choice of meals and drinks that met their preferences.

Staff monitored people's health and wellbeing and people had access to a GP and other healthcare professionals when needed. Where there were concerns people were referred to appropriate health professionals. One person using the service told us, "The GP comes on a Monday, there are visits from dentist, optician, chiropodist there's no physio, but I visit my own physiotherapist every Thursday." The registered manager told us a GP visited the home each week or when required to attend to people's needs. We saw records from the GP and other healthcare professional's visits recorded in the care records we looked at.

## Is the service caring?

### Our findings

People and their relatives felt staff were kind and caring. One person told us, "The staff are caring enough, they are good to me anyway." Another person said, "We have a laugh. Some staff are nice." A third person commented, "Its ok here. The staff do care I think." A relative told us, "Caring is the most important thing and therefore I feel that the staff are qualified to do their jobs." Another relative commented, "After a couple of weeks, my loved one settled and I could relax. Staff are really caring and kind to my loved one."

People told us their privacy and dignity was respected. One person told us, "The door and curtains are closed when they are giving me personal care." A relative said, "The staff respect my [loved ones] privacy when giving them care, the door is shut, and they always tell my [loved one] what's going on which is really important as they are registered as partially sighted." A member of staff told us, "I always make sure I close people's doors and draw their curtains when I am helping them with personal care. I tell them what I am doing for them and I encourage them to do as much as they can for themselves." However we observed that people's privacy and dignity was not always respected. For example, several of the communal bathrooms and toilets did not have functioning locks on them as referred to in the 'Safe' section of this report and one person told us that they did not like to shower as the bathroom door did not lock and they were afraid that someone would walk in. We noted that the registered manager made sure that all of the communal bathrooms had functioning locks in place after we had raised this with her.

Throughout the course of our inspection we observed staff speaking with and treating people in a respectful and dignified manner. They knew people well and they were able to tell us about people's individual needs, preferences and behaviours. Care was delivered by staff in a way which met people's needs. For example, during meal times and social activities we saw staff actively listening to people and encouraging them to communicate their needs. Staff were also observed assisting people to sit or stand with gentle physical promoting. We saw that staff respected people's wishes for privacy by knocking on doors before entering their rooms.

People told us they had been consulted about their care and support needs. One person told us, "I have a care plan. I have a keyworker who knows all about this and we do have meetings to discuss things." A relative told us, "I have been involved in planning my loved one care." Another relative commented, "The staff have implemented a communication system where people have a contact book in their rooms and we and staff can write things down that we want each other to know." During a walk around the home with the registered manager one person thanked the registered manager for arranging for them to go shopping to buy new clothes.

People and their relatives were provided with appropriate information about the home in the form of a service user guide. This included the complaint's procedure and the services they provided and ensured people were aware of the standard of care they should expect. The guide advised that people could attend religious services either within or outside the home as they so desired. People had the right to meet clergy of their chosen denomination at any time. If required, a private room would be made available for such meetings. The registered manager told us this was given to people and their relatives when they started



using the service.

The registered manager said that most people could communicate their needs effectively and could understand information in the current written format provided to them, for example the complaints procedure and the service users guide. These documents were provided to people with poor eyesight in large print. They told us there were a number of people living at the home whose first language was not English however there were staff from the same backgrounds who could converse with them in their language. One person told us, "I am safe here and the bonus is that my keyworker speaks [my native language]." The registered manager also told us that people had access to interpreters when they needed them. For example, they had enlisted the support of an interpreter for one person when they were developing the person's care plan. They said although the person could speak and understand English the interpreter was able to support the person to understand important details about the assessment and planning process.

## Is the service responsive?

### Our findings

People told us the service met their care and support needs. Comments from people included, "I really enjoy the trips out. We have lots of outings to different places. The seaside, shopping, lunch and tea", "Yes, we play bingo, games and we have church services and birthday parties. A relative told us, "They are very supportive here, not just of the residents but their families as well."

People's needs were assessed and care and support was planned and delivered in line with their individual care plans. Care records indicated that people, their relatives and healthcare professionals had been involved in the care planning process. Care plans and risk assessments included guidance for staff on how people's needs should be met for example with moving and handling or with eating and drinking. They also included people's personal histories, their communication methods, their likes and dislikes and interests and preferences. The staff we spoke with knew people well and understood their needs. They were able to describe people's care and support needs in detail. We saw that people's care plans and risk assessments were reviewed regularly to reflect their changing needs.

The home was in the process of introducing an electronic system for assessing, monitoring and reviewing people's care plans and risk assessments. Staff had attended training on using the system the week before the inspection. The registered manager told us the system would better enable people and their relatives to express their views about their care. A member of staff showed us a handheld device and told us they had just started using the system. They said it was convenient and easy to use and they were getting used to inputting information. We were not able to assess the impact of the system on people's care as it was not fully operational at the time of inspection. We will review the system at our next inspection of the service.

People were provided with a range of appropriate social activities that met their needs. The home employed an activities coordinator. They showed us an activities programme for the home. The programme included bingo, quizzes, skittles, badminton, yoga, arts and crafts, flower arranging, baking, reminiscence, church services, coffee mornings and trips out. We observed some of these activities being provided during our inspection. The activities coordinator told us that entertainers regularly visited the home for example an Elvis Presley impersonator had recently visited to sing to people and hand out flowers. A pet therapist also visited people at the home. The home regularly hired a 25-seater coach with wheelchair space to take people, occasionally accompanied by relatives, on trips to the coast. Recently people had gone on trips to Littlehampton and Eastbourne and there was a planned trip to Hastings in June. There was also a Summer Barbeque Party planned for June. A relative commented, "The activities coordinator is so gifted and a gift to St Johns."

People said they knew about the complaints procedure and they would tell staff or the registered manager if they wanted to make a complaint. We saw that copies of the complaints procedure displayed throughout the home. One person said, "I would speak to matron if I really had a problem." A relative commented, "I can talk to anyone at any time, we work together, we work co-operatively and issues are resolved quickly." We saw a complaints file that included a copy of the provider's complaints procedure and forms for recording and responding to complaints. Complaints records showed that when concerns had been raised these were

investigated and responded to appropriately and where necessary discussions were held with the complainant to resolve their concerns.

Peoples care files included a section on their future wishes including the support they required at the end of their lives. The home had been accredited the Gold Standard Framework (GSF) status for the quality of care they provide to people in their final years of life. The registered manager told us that when required advice was always available from the GP and a local hospice to support people with end of life care. We saw Do Not Attempt Cardio-pulmonary Resuscitation (DNAR) forms in some of the care files we looked at. Where people did not want to be resuscitated, we found DNAR forms had been completed and signed by people, their relatives [where appropriate] and their GP to ensure people's end of life care wishes would be respected.

## Is the service well-led?

### Our findings

People and their relatives spoke positively about the running of the home. One person told us, "The manager is about all the time and easy to speak to." A relative commented, "There's great communication, they will do everything to make my loved one happy and secure. I can always call up, and my loved one has a mobile and calls me too." However, despite this positive feedback we found that some aspects of the management of the service required improvement.

The home had a registered manager in post. They demonstrated good knowledge of people's needs and the needs of the staffing team. Our records showed that the registered manager had routinely notified CQC about important events which the service is required by law to send us. However, the registered manager had not notified the CQC in a timely manner of a recent incident of attempted self-harm. We found that the home's systems for monitoring the quality and safety of the service were not always operating effectively because they had not identified the areas which we identified required improvement during our inspection. Appropriate action had not always been taken to support people where risks to them had been identified. DoLS applications and conditions were not always managed appropriately. During our routine observations we found a number of issues with maintenance at the home that the registered manager acted to address. Staff induction and training and supervision required improvement.

We found other areas where the home's quality monitoring systems were operating effectively. Checks and audits were conducted in a range of areas including accidents and incidents, medicines, pressure sores and infection control. We saw action had been taken in response to audit findings where required. For example, we saw that when accidents and incident records were analysed, any trends or themes were addressed and if required referrals to health and social care professionals were made as appropriate. Where issues were identified during medicines audits we saw that the registered manager took appropriate action including retraining and assessing staff competency in the administration of medicines. The area manager regularly visited the home to provide the registered manager with guidance and support. We saw records from these visits, items discussed at the last visit, 4 June 2018, included the introduction of the electronic system for assessing, monitoring and reviewing people's care plans and risk assessments, staffing arrangements and safeguarding. We also saw a report from unannounced night time visits carried out at the home by the registered manager in May 2018. The report indicated that staff were meeting and responding to people's needs as required. The registered manager told us they carried out these unannounced checks to make sure people were receiving appropriate care and support.

The provider sought the views of people and their relatives through satisfaction surveys and meetings. We saw a report from the resident's March 2018 survey. Most people were happy with the care they received. People requested more variety with menus for example Caribbean and Chinese food, we saw that Caribbean food was on the menu on the first day of the inspection. Another person requested wine to be served with meals. It was agreed that people would have a glass of wine with their meals on Fridays. A report from the relatives April 2018 survey recorded relative's comments, most of the comments were positive. We saw the minutes from resident's and relative's meetings. Issues discussed at the last residents meeting, 24 May 2018, included activities, the summer barbeque, outings, the menu, call bells and key working. Some of the items

discussed at the relatives meeting, 22 May 2018, included outings, activities, the garden, a communication book, menus and mice problems. One relative commented, "I was very impressed by the relative's meeting which was totally full, and well supported. The manager had her agenda, but people had lots of questions and they did welcome them. The manager was very aware of everything that happens, and definitely has her finger on the pulse, which impressed me. I still have some confidence in her and the staff are really lovely and I believe that this comes from the top, and she's open and transparent."

Staff spoke positively about working at the home. They told us there was an out of hours on call system in operation that ensured that management support and advice was always available to staff when they needed it. One member of staff told us, "I can honestly say that there is good teamwork, we all work very well together. The registered manager and deputy manager are always around. They support the team well and are always open to any suggestions we make." Another member of staff said, "I really like working here. We are well supported by the registered manager. She listens to what people have to say." A third staff member commented, "It's a nice place to work. There are good opportunities for growth and promotion. I like my colleagues and I have a good relationship with the managers."

The registered manager regularly attended provider forums run by the local authority. They told us they had used some of the learning from the forums to make improvements at the home. For example, at a recent forum the London Fire Brigade gave a presentation on fire safety and they planned to update the homes fire safety procedures. They also said that a presentation by the local authority on the pending changes to the DoLs legislation was informative. The registered manager told us that upon the request of the GP they had attended a local Clinical Commissioning Group forum to explain how the home worked with people at the end of their lives.

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  Appropriate action had not always been taken to support people where risks to them had been identified.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Staff were not always supported in their roles through training and supervision.