

St. John's Winchester

St. John's Almshouses

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. John's Almshouses provides a personal care service to people who live in a complex of private apartments within communal grounds. Whilst not all people needed any personal care or support, those that did could either choose to make their own arrangements or use the personal care service provided by St. John's Almshouses staff. When we visited, ten people were using the service and receiving support with their personal care. Other people who lived at St. John's Almshouses could receive care and support should they need it in an emergency. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People using the service told us they felt safe. There were sufficient numbers of staff to maintain the schedule of care visits to meet people's needs.

Relevant recruitment checks were conducted before staff started working at the service to make sure they were of good character and had the necessary skills.

People were cared for by a motivated and well-trained staff team, who always put people first. Staff had the knowledge and skills required to meet people's needs.

There were systems in place to monitor the quality and safety of the service provided. There was a system in place to allow people to express any concerns or complaints they may have.

People were treated with kindness and compassion. Staff were able to identify and discuss the importance of maintaining people's respect and privacy at all times.

Medication administration records (MAR) confirmed people had received their medicines as prescribed. There were plans in place for foreseeable emergencies.

Staff were responsive to people's needs which were detailed in people's care plans. Care plans provided comprehensive information which helped ensure people received personalised care.

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.

Staff felt supported by the provider and registered manager and could visit the office to discuss any concerns.

The service developed and promoted community involvement within the service.

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 good (published 11 January 2017). Since this rating was awarded the registered provider of the service has altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

St. John's Almshouses

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

Our inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

Before the inspection, we reviewed information we had received about the service including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. 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.

During the inspection-

We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager, senior care workers and care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- All the people and their relatives we spoke with told us they felt safe when they were supported by staff. One person told us, "I feel very safe here". Another person said, "I definitely feel safe in their care. They are very good actually". A third person told us, "I feel safe in their care all lovely girls no concerns". A relative told us, "Mum is so safe here. Has a pendant and staff make sure it's on every day. Staff are here if you ring them, always someone here on site".
- Staff knew how to recognise abuse and protect people from the risk of abuse and had received training to keep people safe from harm.
- Staff we spoke with told us if they had any concerns they would report them to their manager, and if no action was taken would take it higher up.
- A staff member had witnessed a person being asked for their bank details and getting very distressed. The staff member realised it was a scam and reported the concerns and then all information was reported to people living at the service to keep them safe.
- A safeguarding and whistleblowing policy were in place to support staff.

Assessing risk, safety monitoring and management

- Assessments were undertaken to assess any risks to people and to the care staff who supported them.
- People had individual risk assessments that identified potential risks and provided information for staff to help them avoid or reduce the risks of harm.
- Staff showed that they understood people's risks and we saw that risk assessments were monitored and reviewed with people. These included environmental risks and any risks due to health and the support needs of the person.
- We saw a newsletter from March talking about fire safety and members of the fire brigade were invited to visit the community hall to talk to people about fire safety.
- A business continuity plan was in place and described how people would continue to receive a service despite events such as bad weather.

Staffing and recruitment

- People and their relatives we spoke with all felt that there were enough staff to keep people safe. One person told us, "Feel enough staff, haven't let me down at all".

- There were sufficient numbers of care staff deployed to meet people's needs. Staffing levels were determined by the number of people receiving care and support and their needs.
- Staff were available 24 hours a day, seven days a week. Staff said they had sufficient time to support everyone and were able to provide additional support if someone needed it; for example, if they were unwell. The registered manager was also available on call out of hours for emergencies or advice.
- Recruitment processes were followed that meant staff were checked for suitability before being employed by the service. Staff records included an application form, two written references and a check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. However, in a couple of staff files employment dates just stated the year and not months of employment which meant we were not assured that all employment gaps could be accounted for. We spoke to the registered manager who was in the process of updating staff files.

Using medicines safely

- People were happy with the support they received with their medicines and told us their independence was respected and they managed their own medicines where possible.
- Staff had received training for the safe handling of medicines. Records showed that staff had received an assessment of their competency to administer medicines in line with best practice guidance. Peer assessments also took place, so staff could learn from each other and improve the safety of medicines.
- There were appropriate arrangements in place for the recording and administering of prescribed medicines and medicine administration records (MARs) confirmed people had received their medicines as prescribed.
- There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance.
- There were effective arrangements and checks in place for the management of topical creams.
- The service had a 'medicine of the month' information board, which provided staff with explanations of what a particular medicine was used for. This gave staff a clearer understanding of the benefits of the medicine.

Preventing and controlling infection

- Staff demonstrated a good understanding of infection control procedures.
- Staff had ready access to personal protective equipment (PPE), such as disposable gloves and aprons.

Learning lessons when things go wrong

- Records were maintained of accidents and incidents which occurred. There was evidence that the registered manager reviewed these to ensure that appropriate action had been taken to reduce any on-going risk and to debrief the staff involved.

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 good. At this inspection this key question has now remained the same good.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People told us they were happy with the care provided. One person said, "I'm happy with the care very happy."
- People received care and support which met their needs. When people moved to the service, they and their families, where appropriate, were involved in assessing, planning and agreeing the care and support they received.
- Care plans provided information about how people wished to receive care and support. The care plans seen were detailed and provided carers with the person's life history and their desired outcomes from the care and support. The care plans described people's needs in a range of areas including personal care and daily living activities.

Staff support: induction, training, skills and experience

- People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs.
- Staff highly praised the training and said that it helped them in their role. Training included moving and handling, safeguarding, health and safety, medication administration and first aid. This ensured that staff were competent and had the skills and knowledge to safely deliver care. Staff told us they could request any additional training and it would be made available for them.
- New staff completed a comprehensive induction programme before working on their own. Arrangements were in place for staff who were new to care to complete The Care Certificate. This certificate is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate support to people.
- People were cared for by staff who were well-motivated and told us they felt valued and supported appropriately in their role. One staff member told us, "Supervisions are brilliant. I think they are great. Again, it's that support thing, very encouraging".
- Staff were provided with supervisions (one to one meetings) and annual appraisals with their line manager. These provided an opportunity for the service to provide staff with feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. Staff informed us supervisions were carried out regularly and enabled them to discuss any training needs or

concerns they had.

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

- People were independent at mealtimes at the time of our inspection and the service were not supporting people with access to food and drink. The registered manager told us if someone was unwell they would prepare a meal for them if needed.
- People using the service had access to a luncheon club once a week which was held in the community room. A hot meal was cooked on site where people could access a meal and talk to people as part of a social gathering.
- The service had provided a talk on nutrition where different food delivery companies were invited to attend. Feedback following the event showed that all the people who attended enjoyed the event.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were happy with staff and told us they supported them to access healthcare services.
- The registered manager told us they worked closely with private care agencies to achieve best outcomes for people.
- Staff were involved in diabetes awareness week and displayed information in the community room and printed off information leaflets for people receiving care and held a drop-in session to provide people with information and advice on diets.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People and their relatives told us staff asked for consent before providing care
- Staff showed an understanding of the MCA. Staff were aware people were able to change their minds about care and had the right to refuse care at any point. People told us they had been involved in discussions about their care planning.

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 now remained the same good.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- All the people and their relatives we spoke with told us staff were caring. One person told us, "Definitely caring all the staff, one or two are really special and have a good laugh before they leave all very kind and helpful". Another person said, "They [staff] are all very kind and approachable. Always got time and stop and have a chat as I might be down, always stop and chat and try to help". A relative told us, "They're great [staff] can't sing their praises high enough". Another relative said, "Staff are amazing, feel so blessed that dad is here".
- Staff had built up positive relationships with people. Staff spoke about their work with passion and spoke about people warmly. One person told us, "Very pleased staff very friendly, courteous and helpful".
- Staff demonstrated a detailed knowledge of people as individuals and knew their personal likes and dislikes.

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

- People said care staff consulted them about their care and how it was provided. One person told us, "Involved in my review of my care plan. Reviewed not long-ago last month possibly".
- Care plans reminded care staff to offer people choices such as in respect of clothing, meals and drinks. Staff respected people's rights to refuse care. They told us that if a person did not want care they would encourage but then record that care had not been provided and why.

Respecting and promoting people's privacy, dignity and independence

- All the people we spoke with told us staff treated them with respect and dignity. One person told us, "Very caring, getting to know what I like and treat me with dignity". Another person said, "Treat with respect and dignity". A relative told us, "(Staff) talk to mum on knee level with respect". Another relative said, "If I phone the office their main concern is Dad's wellbeing and that really comes across with staff. Still retain independence with what is provided. Think we should have more places like this for the elderly".
- Staff we spoke with explained how they respected people's privacy and dignity, particularly when supporting them with personal care by, for example, ensuring doors were closed and people were covered up.

- People were encouraged to be as independent as possible. Care staff knew the level of support each person needed and what aspects of their care they could do themselves. They were aware that people's independence was paramount and described how they assisted people to maintain this whilst also providing care safely. One staff member told us, "Its care wise one of the best places I have worked. As independent living, I love to encourage to be independent, empower residents to do things themselves and give advice. The team is amazing, support each other very well".

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 now remained the same good.

Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People and their relatives we spoke with told us they were happy with the service and the care provided. One person told us, "I'm very happy with the care provided". A relative told us, "I see dad weekly and we hit the jackpot. 100% pleased he is here, no concerns. No doubts at all, my sister is really pleased as well. I would be happy to live here myself. I feel completely assured".
- People received individualised care which met their needs. Care plans provided information about how people wished to receive care and support. These identified key areas of needs, such as, personal care, daily living activities, personal hygiene, meal preparation, health issues, shopping and dressing. The care plans also included detailed daily routines specific to each person which helped to ensure that people received care and support personalised to them.
- The service had moved to electronic care planning. Staff felt this had helped them in their role and gave instant access and live updates.
- Staff demonstrated a detailed knowledge of people as individuals and knew what their personal likes and dislikes were.
- Staff supported people to attend their interest. For example, one relative told us, their mum attends church every Sunday. Following a fall, they were not safe to attend church on their own. As a result, someone from the church came to collect them and staff would come over to remind them to get ready for church and make sure they had what they needed while they waited for them to be collected. They said, "They [staff] always go the extra mile so mum doesn't miss out. There are lots of clubs going on here if mum wanted to go they [staff] would come and get her".
- Everyone had an emergency call bell in their apartment and staff responded quickly when an alert was raised. We spoke with people who had used this service and they felt staff responded quickly and they had confidence in the staff.
- The service also ran a wellbeing clinic once a week where people could check their blood pressure, check their weight and chat about any concerns they had. A weekly gentle exercise class was also available if people wished to attend.
- When we visited the service, nobody was receiving end of life care. However, there were end of life details in people's records on who to contact and funeral arrangements.

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 registered manager showed us a guide on giving feedback about the service in an accessible format following requirements of the AIS.
- The provider also had a policy and guidelines on AIS.

Improving care quality in response to complaints or concerns

- One person told us, "I would know how to make a complaint but no complaints at all". Another person said, "I suppose I would go to matron. Never had to make a complaint". A relative told us, "No complaints at all feel lucky we found this. Felt like this from the day we moved, independent but cared for as well".
- The provider had a complaints policy and procedure in place, which detailed the timeframes within which complaints would be acknowledged and investigated. This was included in information provided to people when they started to receive a service.

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 good. At this inspection this key question has now remained the same good.

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- People and their relatives we spoke with told us they were happy with the service and the care provided. One person told us, "I would say management are approachable all very kind and helpful". A relative said, "Marvellous service, would have booked my own room if I could". Another relative told us, "Just recently been fantastic so helpful".
- The registered manager used a system of audits to monitor and assess the quality of the service provided. These included medicines, care plans, and health and safety. Where issues were identified, remedial action was taken. The provider's quality manager also carried out an audit of the service, which included looking at complaints, people's health and health and safety.
- There were processes in place to enable the registered manager to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.
- The registered manager told us they were always looking at different ways to make staff feel valued and aid learning. Part of this had been to set up accident and incident huddles. A huddle is a debriefing following a fall to see if any preventative actions might have been possible. One staff member told us, "I really like the huddles we do from falls, or an incident. Might be resolved but good to talk and say what can we do to stop it happening again. Only small so staff feel more confident to talk in a huddle rather than a big team meeting".
- The registered manager told us they felt supported in their role and had regular contact with the provider to enable them to keep up to date with the latest practice and guidance. They told us they also attended forums with the local authority to ensure their knowledge was up to date and to hear about and share good practice.
- Throughout the inspection it was evident that the leadership team were all extremely passionate about their role and took ownership of ensuring improvements to the quality and safety of the care provided continued to be made.

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

- Staff were positive about the support they received from the registered manager and management within the service. One staff member told us, "I cannot describe the support we get from here not just (registered managers name) and (deputy managers name) but everybody. I don't know if because caring or right heart. Has time for you nothing is too much trouble". Another staff member said, "I love working here because the staff are here for each other we support each other really well. Since [registered managers name] has been here it has transformed, and I just love working here. Brilliant training have regular one to ones, all good. Don't want to leave here".

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

- The provider sought feedback from people or their families through the use of a quality assurance survey questionnaire. This was sent out every year seeking their views. The results we looked at were positive.
- People were supported to visit the community hall to attend talks or coffee morning regarding their interests. One person told us they had attended a talk on dementia and found it interesting. They also told us they try to attend most community events if they can. For example, one of the staff members we spoke with was involved in IT coffee mornings. They told us when they visited people, some had been struggling with their smartphones or similar IT devices. They had arranged a drop-in session for people to come along and ask any questions they may have and meet other people and share knowledge. They told us it was only a small group at present but hoping that it will evolve, and more people will join the group's sessions.
- At the time of our inspection the service were preparing to support the Alzheimer's Society by holding a cupcake day. One staff member told us, "Residents like to see us get involved. We have as much fun as them".
- Staff meetings were held regularly, and minutes showed these had been used to reinforce the values, vision and purpose of the service. Concerns from staff were followed up quickly. Staff were involved in the running of the service and were asked for ideas. For example, one staff member told us, "We all come up with different ideas and what we can do. Had a vintage tea party the other week, residents liked that we got involved dressed up in 1920' clothes".
- Staff told us they were also supported by a trained counsellor should they need their services.

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

- There was an open and transparent culture in the home.
- The provider notified CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration.
- The provider had appropriate policies in place as well as a policy on Duty of Candour to ensure staff acted in an open and transparent way in relation to care and treatment when people came to harm.

Working in partnership with others

- The service worked in partnership with the local doctor's surgeries and district nursing team.
- The service also worked in partnership with local external care agencies providing care for people. This could be by supporting people if the agency could not cover the calls for example. One relative told us, "We recently had community problems with the agency. Staff gave us advice and are now monitoring mum so excellent. They are marvellous with a problem".