

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?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

St Johns Nursing Home is a residential care home providing personal and nursing care to up to 54 people. The service provides support to people who need nursing support, including people living with dementia. At the time of our inspection there were 47 people using the service.

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

Safe medicines management processes were not in place and we found accurate, up to date records were not maintained in relation to medicines. Other risks to people's safety were appropriately assessed and mitigated. There were sufficient staff to meet people's needs and there continued to be a recruitment drive to provide more consistency and stability within the staff team. Processes were in place to protect people from the risk of infections.

People were supported by staff who received regular training and supervision to ensure they had the knowledge and skills to undertake their roles. People's needs were regularly assessed to ensure staff were aware of people's current care and support needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People received support with their dietary needs and were supported to access healthcare services. A redecoration programme was in place to ensure a homelier environment was provided.

Since our last inspection a new manager had been appointed. In addition, a deputy manager had been recruited to further strengthen the management team. Processes were in place to review the quality and safety of service delivery. Where improvements were identified as being required, prompt action was taken to address the concerns. The manager was working with the newly established staff team to build a positive culture within the team. Staff, people and their relatives were encouraged to express their views and opinions, and there was a commitment to making continued improvements.

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 (Published 22 January 2022)

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations in relation to the need for consent and good governance. However, we found the provider remained in breach of regulation relating to safe care and treatment.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to check whether they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

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

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

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

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe medicines management at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always 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 well-led?

Requires Improvement ●

The service was not always 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

This inspection was undertaken by two inspectors.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. However, the new manager had begun their application to become the registered manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We also reviewed statutory notifications received about key events that occurred at the service. We used all this information to plan our inspection.

During the inspection

We spoke with 12 people, two relatives and nine staff. Including the nominated individual, the registered manager, nursing and care staff, the cook and a member of the housekeeping team. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed four care records, two staff recruitment files, medicines management records and records relating to the management of the service including staff training records, audits and policies.



Is the service safe?

Our findings

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

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

Using medicines safely

At our last inspection the provider had failed to ensure people were protected from the risk of unsafe care. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Sufficient improvement had not been made at this inspection and the provider remained in breach of regulation 12.

- Appropriate records were not maintained regarding medicines management increasing the risk of people not receiving their medicines as prescribed. This included for new admissions not all of their medicines were being recorded on an appropriate medicine administration record (MAR). We also saw gaps on people's MAR showing that staff were not signing to say people had received their medicines.
- Most people had protocols in place for medicines that they had prescribed to take 'when required' for example as pain relief. However, these protocols were not specific enough to inform staff how a person informed them if they were in pain. We also saw in one instance that the 'when required' medicines were not recorded on their MAR, meaning staff did not have one place to record when these medicines were given.
- People confirmed they had received their medicines and during a spot check of stock levels we saw appropriate stock was in place indicating people had received their medicines.
- Medicines were stored securely and disposed of safely.

Safe medicines management processes were not in place. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure risks to people's safety were appropriately mitigated. This was a breach of part of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 12.

- Risks to people's safety were assessed and plans were in place to reduce and mitigate those risks.
- Staff were knowledgeable about the risks to people's safety and the level of support they required to stay safe whilst supporting them to remain as independent as possible.

- Care records provided clear and concise information to staff about how to manage risks to people's health incorporating advice and guidance from healthcare professionals involved in people's care.
- Systems were in place to monitor and mitigate environmental risks.

Preventing and controlling infection

- We were assured the provider was making sure infection outbreaks were effectively prevented or managed.
- We were assured the provider was preventing visitors from catching and spreading infections. Visitors were welcome at the service and we observed relatives visiting during our inspection.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider's infection prevention and control policy was up to date.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. People appeared relaxed and comfortable around staff. One person told us, "I feel safe with the staff."
- Staff had training on how to recognise and report abuse and they knew how to apply it.

Staffing and recruitment

- There were safe staffing levels at the service. One person said the staff were very professional and kind, and that "when I call they come quickly". Another person told us, "I have a bell, they come quickly when I call." A relative told us there were always staff around to answer your questions.
- At the time of our inspection there was still a high use of agency staff. However, there had been a big recruitment drive and there were a number of new permanent staff completing their induction in order to provide more consistency and stability within the staff team.
- Safe recruitment practices were in place to ensure appropriate staff were employed. This included obtaining references, checking people's identity and eligibility to work in the UK and undertaking criminal record checks.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- When things went wrong, staff apologised and gave people honest information and suitable support.

Is the service effective?

Our findings

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

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

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

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

At our last inspection the provider had failed to ensure support was provided in line with the MCA. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- Where people were able their consent was obtained prior to receiving care and support. One person said, "They do ask my consent." Another person told us, "I tell staff where I'm going, it's fine, I have my freedom."
- When people did not have the capacity to consent to aspects of their care, best interests' meetings were held to make decisions on a person's behalf in liaison with people's relatives.
- Where it had been assessed that people needed to be deprived of their liberty to ensure their safety, appropriate authorisation had been obtained.

Staff support: induction, training, skills and experience

- People received support from staff that had the knowledge and skills to undertake their roles.
- There was a regular programme of training the provider required staff to complete to ensure their knowledge and skills remained up to date and in line with best practice. Some staff had become trainers in subjects such as moving and handling so they were able to roll this out to staff at the service and in line with any ongoing training needs.

- One staff member said, "[I] definitely feel supported...They push me." Staff received regular supervision and there was a comprehensive induction process in place to ensure all staff felt well supported in their roles and given the opportunity to reflect on their performance.

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

- Since our last inspection there had been a number of new admissions to the service. People had received a thorough assessment of their needs which identified the level of support they required and how they wished to be supported whilst living at the service.
- People's needs were regularly assessed to ensure staff were aware of any changes in their health. Care records were updated to ensure they provided up to date information about people's care and support needs.

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

- People received support to eat and drink enough to maintain a balanced diet. Staff supported people to receive a diet that met their needs. This included use of texture modified diets when this was appropriate.
- People were given a choice about what they wanted to eat, and a variety of options were available.
- We observed people had access to drinks throughout the day.

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

- People were being supported to access healthcare professionals to ensure their health needs were met.
- The service had arrangements in place for dentists, opticians and chiropodists to come to the service
- Staff supported people to attend hospital appointments if they were accessing specialist healthcare services.

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

- A safe and secure environment was provided.
- A redecoration programme was in progress at the time of our inspection and we heard from relatives that their family member's room was freshly decorated before they moved into the service. As part of the programme the home was making changes to ensure the environment supported the needs of people living with dementia.
- As part of the redecoration programme new furniture and fittings were being purchased to provide a homelier environment that met people's needs.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. We have not improved the rating to Good as we want to see improvements continued and to be sustained over time.

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

At our last inspection the provider had failed to ensure there were effective systems in place to review and improve the quality of the service. This was a breach of part of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 17.

- Since our last inspection there was a new manager in post. They had applied to become the CQC registered manager and were aware of what this meant and the requirements of this role. The manager told us they had built a working relationship with the director and they were being supported to make changes at the service.
- The manager submitted statutory notifications about key events that occurred at the service in line with the service's CQC registration.
- The management team had also been strengthened by the introduction of a deputy manager. They were relatively new in post so we were unable to establish what impact this had had but we will review this at our next inspection.
- There were systems in place to monitor the quality of service delivery. The new manager was adapting these systems to ensure they were fit for purpose and captured all areas of service provision. Where improvements were identified as being required, prompt action was taken to address the concerns. The manager was aware of the areas of service provision that required improvement, including in relation to safe medicines management and had made review of medicines management a priority for the deputy manager. They were also working with the newly established staff team to ensure all staff were supported and inducted, including completion of their mandatory training and working with staff on building a cohesive, supportive team.

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

- The service apologised to people, and those important to them, when things went wrong
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff were given the opportunity to express their views and contribute to service development. One staff member said, "[The manager] has given staff the opportunity to speak up." A staff member told us, "The new manager is very good, she is very supportive. I honestly love my job."
- Since our last inspection there had been a lot of changes within the staff team and recruitment of new staff. The staff team were still gelling together and the manager told us they had been working on building a positive culture within the staff team. A staff member told us, "It is getting better and staff are working better together." Another staff member said, "All staff were supportive to me and happy to help if I had any questions. They gave me time to go through things so I understood better what I needed to do. A good team makes things easier."
- People also felt able to contribute their views to service delivery, through one to one conversations and at residents' meetings. One person told us, "[The manager] is a very pleasant lady. She speaks to me all the time."
- The manager told us now there were more relatives visiting they were trying to build a relatives' forum so they could contribute their views to service improvement.

Continuous learning and improving care; Working in partnership with others

- Since our last inspection the provider had been working closely with the local authority and the clinical commissioning group. Due to the improvements seen at the service the local authority no longer felt they needed to work as closely with the service and the service was no longer in provider concerns.
- There was a commitment within the staff team and the new management team to continue to learn and improve practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had not ensured there was safe medicines management. Regulation 12 (1) (2) (g)