AccuroCare Limited

St John's Home

Inspection report

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Date of inspection visit:
06 March 2018

Date of publication:
08 May 2018

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

This inspection took place on 6 March 2018 and was an unannounced inspection.

St Johns 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. St Johns accommodates up to 38 people in one adapted building. At the time of the inspection there were 38 people living at the service.

There was 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.

People told us they were safe living at St Johns. Staff demonstrated they understood how to keep people safe and we noted that risks to people's safety and well-being were managed through a risk management process. We observed people's needs were met in a timely way by sufficient numbers of skilled and experienced staff. People were supported by staff who had been trained in the Mental Capacity Act 2005 and applied it's principles in their work.

People were very complimentary about the staff and management at the home. They told us staff were kind, caring and compassionate. Staff members, including the management team, were knowledgeable about individuals' care and support needs and preferences. Visitors were welcomed at all times and people were supported to maintain family relationships.

People's health care needs were met and they had access to a range of healthcare professionals. Where required, appropriate referrals were made to external health professionals, such as G.P's or therapists.

The provider had systems in place to receive feedback from people who used the service, their relatives and staff members about the service provided. People were encouraged and supported to raise any concerns with staff or management and were confident they would be listened to and things would be addressed.

Staff told us, and records confirmed they had effective support. Staff received regular supervision (one to one meetings with their manager) and yearly appraisals. People were supported appropriately to eat and drink sufficient amounts to help maintain their health and well-being.

The provider had safe recruitment processes in place, which helped to ensure that staff employed were of good character and suited to the roles they were employed for. People's medicines were managed safely and kept under regular review. Infection control measures were in place to help reduce the risks of cross infection.

There was an open and inclusive culture in the home and people and staff felt they could approach the management team and were comfortable to speak with the registered manager if they had a concern. We saw evidence that arrangements were in place to formally assess, review and monitor the quality of care provided at the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us that they felt safe.

Staff were aware of how to safeguard people from harm and were aware of potential risks and signs of abuse.

People and staff told us that there were enough staff available to meet people`s needs.

Staff administered medicines to people in line with their prescriptions.

Is the service effective?

Good

The service was effective.

People were supported by staff who had been trained in the MCA and applied it's principles in their work.

Staff had the training, skills and support to meet people's needs.

The service worked with other health professionals to ensure people's physical health needs were met.

Is the service caring?

Good

The service was caring.

Staff were kind and respectful and treated people with dignity and respect.

People benefited from caring relationships.

The staff were friendly, polite and compassionate when providing support to people.

Is the service responsive?

Good

The service was responsive.

Staff understood people's needs and preferences. Staff were knowledgeable about the support people needed.

People's needs were assessed to ensure they received personalised care.

There was a wide range of activities for people to engage with.

Is the service well-led?

Good

The service was well-led

The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service.

Arrangements were in place to formally assess, review and monitor the quality of care provided at the home.

The service had a culture of openness and honesty.

St John's Home

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 inspection took place on 6 March 2018 and was an unannounced inspection. This inspection was conducted by one inspector, a specialist advisor, whose specialism was nursing and Expert by Experience (ExE). An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). 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 looked at previous inspection reports and notifications received from the provider. A notification is information about important events, which the provider is required to tell us about by law. This ensured we were aware of any areas of concern.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 11 people, two relatives, five care staff, two senior care worker, the chef, one administrator and the registered manager. We looked at nine people's care records, six staff files and medicine administration records. We also looked at a range of records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe. One person told us, "I do feel safe living here". Another person said, "I am cared for very well here, it is much more suitable than when I was at home". A third person said, "I feel that nothing can go wrong here".

People experienced care in a safe environment because staff were aware of how to safeguard people from avoidable harm and were knowledgeable about signs of potential abuse. Staff were able to describe the process for reporting concerns both within the service and externally, if required. One staff member told us, "If I witnessed anything of concern I would inform my manager straight away. If I felt nothing was being done then I would contact social services and CQC (Care Quality Commission)".

We saw there was information about how to report concerns, displayed in areas of the home, which reminded staff of the contact numbers they needed to report concerns. Systems were in place which protected people against the risk of untoward incidents. For example, people had personal evacuation plans in place to support staff to evacuate or keep people safe in the event of an untoward incident or an emergency such as a fire. These additional systems demonstrated that the provider had taken appropriate action to help ensure that people were protected from abuse and harm.

Accidents and incidents were recorded and regularly reviewed to ensure any learning could be discussed and shared with staff to reduce the risk of similar events happening. For example, following a number of incidents that involved a person falling. The registered manager made a referral to the Care Home Support Service (CHSS). This person's care plan contained details of recommendations made by CHSS and we saw staff followed the recommendations. As a result there were no further incidents of this person falling.

People were protected from the risk of infection. The premises and equipment were clean, and staff followed the provider's infection control policy to prevent and manage potential risks of infection. Colour coded equipment was used along with personal protective equipment (PPE). PPE equipment, such as aprons and gloves were available and used by staff. Staff were aware of infection control guidance and we observed staff following the guidance. Equipment used to support people's care, for example, wheelchairs and hoists was clean and had been serviced in line with national recommendations.

People's care plans contained risk assessments, which included risks associated with moving and handling, falls, medication and pressure damage. Where risks were identified plans were in place to identify how those risks would be managed. For example, one person was at risk of pressure damage. The person's care record gave guidance for staff on the use of pressure relieving equipment. We observed staff following this guidance and supporting the person effectively.

People who were assessed as being at risk of malnutrition had accurate and up to date Malnutrition Universal Screening Tools (MUST) in place and were supported by staff, who were aware of these risks and what action to take as a result. During our lunchtime observations, we saw staff supporting one person, identified as being at risk of malnutrition appropriately. Another person was at high risk of malnutrition. The

persons care record gave guidance for staff to support this person by having regular snacks throughout the day. When we spoke with the chef about this person's needs they were able to show us a selection of pre made snacks that had been made for this person so staff had easy access as and when they needed to. We observed staff following this guidance.

People received their medicines as prescribed and the service had safe medicine administration systems in place. We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines. Medicine administration records (MAR) were completed to show when medication had been given. One person we spoke with told us, "They make sure I take my tablets in the mornings". Another person said, "They certainly make sure that you take your medicine properly".

Where people had been diagnosed with specific conditions, extra monitoring was in place to ensure people received their prescribed medicines, which ensured their condition was managed safely. Care records included guidance for staff on what action to take if people developed symptoms related to their medical conditions. Medicines were stored securely and in line with manufacturer's guidance.

People, relatives and staff told us there were enough staff to meet people's needs. One person told us, "If I need help then there is always someone about". A relative said, "I feel there is enough staff". A staff member told us, "I think we have enough staff". We observed, and staffing rotas confirmed, there were sufficient staff to meet people's needs. The registered manager used a 'dependency tool' when carrying out initial assessments on peoples care needs. This enabled the registered manager to calculate the right ratio of staff against people's needs. We saw that this was reviewed regular by the provider. On occasions where staffing levels had not been achieved the registered manager had taken appropriate action to access additional staffing. During the day we observed staff had time to chat with people. Throughout the inspection, there was a calm atmosphere and staff responded promptly to people who needed support.

Safe and effective recruitment practices were followed to help make sure that all staff were of good character and suitable for the roles they were employed for. We checked the recruitment records of five staff and found that all the required pre-employment checks had been completed prior to staff commencing their employment. This included a completed application form, two written references and disclosure and barring check (DBS). The DBS check helps employers make safe recruitment decisions and prevents unsuitable potential employees from working with vulnerable people.

Good

Is the service effective?

Our findings

People and relatives we spoke with told us staff were knowledgeable about their individual needs and supported them in line with their support plans. One person told us, "I know that the carers know what I want, for instance that I like two showers in a week". A relative said, "They know mum and what she likes doing".

People's needs were assessed prior to their admission to ensure their individual care needs could be met in line with current guidance and best practice. People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, where people had been identified as having mobility difficulties, referrals had been made to physiotherapy. Care plans contained details of recommendations made by physiotherapists and we saw staff following those recommendations. One person we spoke with told us, "I have not fallen since coming here, my progress with the physio is very encouraging".

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report our findings. The 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 were supported by staff who had been trained in the MCA and applied its principles in their work. Where appropriate people's care plans contained capacity assessments. Where decisions were made on people's behalf, we saw evidence that the service followed the best interest process. For example, one person lacked capacity in making decisions about their personal care needs. We saw evidence of how the service had included the person family, G.P and legal representative and followed the best interest process to ensure that the person's personal care needs were met.

Staff we spoke with had a good understanding of the Act. One staff member told us, "We always assume capacity until it is proven otherwise. Another staff member said, "Just because someone makes an unwise decision, it doesn't mean they lack capacity. We saw staff routinely sought people's consent.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the home met the requirements of DoLS.

Records confirmed people were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff completed training, which included safeguarding, MCA, moving and handling, infection control, medication management, first aid, fire awareness and food and hygiene. One staff member told us, "We get lots of training, it's pretty good".

Newly appointed care staff went through an induction period which was matched to The Care Certificate. The Care Certificate is a set of standards that social care workers are required to work to. It ensures care workers have the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. This included training for their role, shadowing an experienced member of staff and having their competencies assessed prior to working independently with people. One staff member told us, "I have supervision almost every day, because I am new. I am always observed and I always shadow. The staff are very kind and really helpful".

Staff were supported effectively through regular supervision, which is a one to one meetings with their manager and yearly appraisals. Staff told us they felt supported by the registered manager and the provider. One staff member told us, "[The provider] encourages us to ask for help if we need it". Another staff member said, "I feel supported by [Registered manager]. As well as supervision we have informal chats. She is accessible and I appreciate her advice and support".

Staff told us and records confirmed that staff had access to further training and development opportunities. One member of staff we spoke with told us, "We are encouraged to think about any training we may need".

People told us they enjoyed the food provided by the home. One person told us, "I enjoyed my lunch very much". Another person said, "The food is very nice". A third person said; "The chips here are lovely". People were offered a choice of meals three times a day from the menu. Staff advised us that if people did not like the choices available an alternative would be provided. We observed that the food looked wholesome and appetising. Snacks were available for people to have in between meal times.

People who needed assistance with eating and drinking were supported to have meals in a dignified way by attentive staff. We observed staff sitting with people and talking to them whilst supporting them to have their meals at a relaxed pace that matched the individual needs of the people they were supporting.

Menus were displayed in the homes dining area and were presented in different formats to support people's individual communication needs. Staff assisted people with their choices. During our observation of the lunch time meal we noted that people were offered a choice of drinks throughout. Where people required special diets, these were provided by the chef who clearly understood the dietary needs of the people they were catering for.

We observed that the environment was suitable to meet people's needs and there was a homely feel about the service. The dining rooms and communal areas were spacious and decorated in a homely fashion. Rooms we observed had been personalised and made to look homely.

The service worked closely with healthcare professionals such as, G.P's, occupational therapists, dieticians, physiotherapists and other professionals from the care home support team. This was to ensure that people received effective care. Where healthcare professionals provided advice about people's care, this was incorporated into people's care plans and risk assessments. For example, where people had been identified as at risk of falls referrals had been made to CHSS. Care plans contained details of recommendations made by CHSS and we saw evidence that the service followed these recommendations.

Good

Is the service caring?

Our findings

People told us they benefited from caring relationships with the staff who supported them. One person told us, "They look after me here, I can't fault them". Another person said, "On the whole they are very good". A third person told us, "The carers are very nice, they are very helpful". A visiting professional told us, "The staff here are so caring".

Throughout the day of the inspection, we noted there was good communication between staff and the people who used the service. People were treated with kindness and respect by staff, who understood their individual needs. For example, one person had difficulties communicating. This person's care records gave guidance for staff to recognise and respond to the person's needs. During our inspection, we observed staff communicating effectively with this person. Staff gave the person the time they needed to explain what they were asking or discussing. This demonstrated that staff knew and respected the people they were supporting.

Staff showed concern for people's wellbeing in a caring and meaningful way. For example, one person refused their medicine. Staff spoke with this person and explained what the medicine was for and why it was important to take it. As a result, the person took their medicine. We observed staff speaking with this person in a warm and gentle manner whilst maintaining a clear focus on the person finishing their medicine.

Staff told us they respected people's privacy and dignity. One staff member said, "I knock on peoples doors before going in and make sure people are covered up and not exposed". Another staff member told us, "When we are (carrying out personal care), we always make sure people know what's happening and ask permission before we do anything. I always close the door and make sure people are covered up". One person told us, "I am well cared for".

Staff spoke with people with respect using the people's preferred names. When staff spoke about people to us or amongst themselves they demonstrated compassion and respect. During our inspection we noted that staff were always respectful in the way they addressed people. We observed staff knocking on people's doors and where people had their doors open staff still knocked and waited to be invited in. One person told us, "They always let me know what's happening". Another person said, "They knock and wait, they are very polite".

Care records highlighted what people could do for themselves in order to remain independent. This included aspects of personal care, mobility and getting dressed. Were the need to promote independence had been highlighted, there was guidance for staff on how to prompt and support people effectively. We observed staff following this guidance. Staff told us how they supported people to do as much as they could for themselves and recognised the importance of promoting peoples independence. One staff member we spoke with told us, "If you don't encourage people to be independent then you are not treating people with dignity and respect. We need to encourage people to do what they can for as long as they can. It's what keeps people going".

Staff understood and respected confidentiality. Records were kept in locked cabinets and only accessible to staff.

Good

Is the service responsive?

Our findings

People told us that the service was responsive to people's needs. Comments included; "I know they would get a doctor for me straight away", "If there is ever a problem then the staff are quick to respond", "They are very responsive here" and "They get the doctors in when I need them".

People's care records were personalised. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, one person had been referred to healthcare professionals following a change in relation to their hearing. This persons care records had been updated to include guidance for staff to regularly support the person to change the batteries of their hearing aid. During our inspection we observed staff supporting the person to change the batteries of their hearing aid.

Care plans contained person specific information that captured people's preferences, hobbies and interest, daily routines and likes and dislikes. Staff we spoke with were knowledgeable about the person centred information with people's care records. For example all of staff we spoke with told us how people liked to spend their time and what was important to them. One staff member described a person's spiritual needs. The information shared with us by the staff members we spoke with matched the information within peoples care plans. We saw evidence that people had access to information about their care. For example, menus and meal times were available in large print and picture format enabling them to read the information.

People had access to a wide range of activities, such as board games, visits out within the community and quizzes. The home has an activity coordinator, however, the registered manager told us activities were seen as the remit for all staff. During our inspection the home was visited by a choir from a local university. The people that attended clearly enjoyed the activity. People spoke positively about the activities at St Johns. Comments included; "The owls, they were lovely", "I like doing Jigsaws" and "I don't join in on the 'walking ones. But I like all the singing ones". One person we spoke with told us how they were looking forward to the showing of (Their favourite film), which was due to be shown on the following day. People who decided that they did not wish to participate in activities were protected from the risk of social isolation. For example, we observed staff sitting and speaking with a person who did not wish to attend the choir event. This person told us, "They don't force anything you don't want to do".

During our inspection the home was visited by a volunteer with a PAT (Pets As Therapy) dog. The volunteer spent time with people, allowing them to stroke the PAT Dog and enjoy some companionship. We observed that there were many notices around St Johns containing with details of upcoming outings and events. For example, the following day a "Trip to The Pub" had been arranged. One person was excited to tell us that they would be celebrating their birthday this summer and that they could use the home's attractive and expansive gardens for a garden party.

Church services were regularly provided for people to attend and care records highlighted people's faiths and religious practices. People we spoke with told us that they were supported to follow their faith in the

way that they like to. One person's told us, "Yes I am religious, they take me down in my chair. It is a (Church of England) service, the girls get me up and ready" and "I have communion every Sunday". Another person told us, "There are different priests, they are often retired ones. They have come to know us and we've got to know them". One person of a different faith told us they were supported by staff to practice their faith in a way they wanted.

People's diverse needs were respected. Discussion with the registered manager and staff showed that they respected people's individual needs. The registered manager told us, "Everyone is welcome here. Everyone is an individual and everyone has a choice. Who's right is it to discriminate against race, religion, culture, sexual orientation or faith. I feel our admission process is robust enough to ensure people's human rights are protected". A staff member said, "If we don't recognise people as individuals then we are not caring".

People knew how to make a complaint and information on how to complain was available in the home. One person told us, "I would go to [registered] manager straight away and she would get it sorted out". Another person said, "[Registered manager] and [Provider] do listen if something is wrong". Records showed there had been five complaints since our last inspection. These had been dealt with in line with the provider's complaints policy.

At the time of our inspection there was no one receiving 'end of life' care. However, the registered manager was able to evidence how the service had previously recorded and respected people's preferences and wishes. Records confirmed that people's funeral wishes in relation to burials, cremations and family arrangements had been discussed with people.

Good

Is the service well-led?

Our findings

People knew the registered manager who demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances and family relationships. We saw them interact with people who used the service, relatives and staff in a positive, warm and respectful manner. One person told us, "[Registered manager] knows me and she is good". Another person said, "The Manager is good, she certainly does her best".

Staff told us the home was well-led, open and honest. Comments included; "I feel listened to and supported by both [registered manager] and [provider]", "If we need help or support then it is always there", [Registered manager] gets involved, she not scared of helping out when it's needed" and "I feel the culture is very positive here". The registered manager told us, "I feel supported by [provider], if I need anything then they listen and do what they can to support me" and "The staff are my greatest asset. They are longstanding and committed, we have a great team. Staff are also from different cultures and we embrace that".

We saw evidence that arrangements were in place to formally assess, review and monitor the quality of care provided at the home. This included regular audits of the environment, health and safety, medicines management and care records. Results of audits were used by the registered manager to develop and enhance the performance of staff and systems, to help drive improvements in the home. For example, a recent audit identified shortfalls in the way in which peoples consent to care was being recorded. We saw evidence that initially the information from the audit analysed to ensure the correct consent had been sought. The registered manager then communicated their findings and concerns with staff. As a result, the standard of records improved.

The service encouraged open communication between the staff team. A staff member told us, "We meet regularly, we talk about how things are going and how the residents are getting on". We viewed the team meeting minutes, which showed that staff had regularly met to discuss people's individual needs and to share their experiences.

The home sought people's views and opinions through satisfaction surveys. We noted that the results of the satisfaction surveys were positive. The results were analysed by the provider and then made available in the reception area of the home. We saw one example where people had requested that a better selection of both alcoholic and non-alcoholic drinks was made available. As a result the registered manager and staff asked people for ideas and suggestions. The registered manager then adapted a drinks trolley which they used to serve people drinks with. People re named the trolley 'The St Johns Arms'. People we spoke with told us they felt confident in giving feedback on the service and that they would feel listened to. One person told us, "We have regular meetings and they listen to what we want".

Staff understood the whistleblowing policy and procedures. Staff told us they felt confident speaking with management about poor practice. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. One staff member told us, "I would not have a problem doing it if I had any concerns".

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager of the home had informed the CQC of reportable events.

The service worked in partnership with visiting agencies and had links with GPs, the pharmacist, and CHSS. One visiting professional told us, "I would live here, it's fantastic it has that homely personal touch about it".