



Making Social Care
Better for People

inspection report

CARE HOMES FOR OLDER PEOPLE

St John`s Home

**St Mary`s Road
Oxford
OX4 1QE**

Lead Inspector
Catherine Kane

Unannounced Inspection
25th February 2008 11:50

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service	St John`s Home
Address	St Mary`s Road Oxford OX4 1QE
Telephone number	01865 247725
Fax number	01865 247920
Email address	admin@st-johns-home.org
Provider Web address	www.st-johnshome.co.uk
Name of registered provider(s)/company (if applicable)	The Society of All Saints Sisters of the Poor
Name of registered manager (if applicable)	Miss Mollie Burns
Type of registration	Care Home
No. of places registered (if applicable)	38
Category(ies) of registration, with number of places	Dementia (2), Mental disorder, excluding learning disability or dementia (2), Old age, not falling within any other category (38), Physical disability (2)

SERVICE INFORMATION

Conditions of registration:

1. The maximum number of persons that may be accommodated at any one time must not exceed 38.

Date of last inspection 26th February 2007

Brief Description of the Service:

Situated in East Oxford within walled grounds, St John's Home is a residential care home for up to 38 older people. The Society of All Saints Sisters of the Poor, an Anglican religious community, owns the home. The Mother Superior and the Sisters live in an adjoining part of the Grade II listed building. Many residents of the care home attend services held in the convent chapel or other activities linked with the Society of All Saints. The home is surrounded by extensive gardens shared with the Convent, Helen House Hospice and Douglas House Hospice.

The home is run and managed by the head of home and her staff team with the Responsible Individual, Mother Helen, available to be consulted about major decisions or matters of concern to both residents and staff. The house is on four floors, with lifts to all floors. There are two sitting rooms, one of which also serves as a library. There is a large dining room with a bay window overlooking the gardens. There are bathrooms, showers and kitchenettes on each floor. Most bed-sitting rooms are single rooms. St John's is within easy reach of the shops and a good bus service to Oxford city centre, less than 2 miles away. The home has an adapted minibus used to take residents on outings.

The current range of fees is between £460 and £620 per week.

SUMMARY

This is an overview of what the inspector found during the inspection.

The quality rating for this service is **2 stars**. This means the people who use this service experience **good** quality outcomes.

This report was written after taking into consideration a number of sources of information and evidence including a site visit to the premises, previous reports, examining residents and staff records, talking with residents, staff and management, responses by the manager to a pre inspection Annual Quality Assurance Assessment. (AQAA) and the results of survey questionnaires completed by residents, residents representatives, healthcare and social care professionals and staff.

This inspection which took place on 25/02/08 between the hours of 11.50am and 4.30pm and all of the designated key National Minimum Standards Care Homes for Older People were inspected. The results and findings contained in this report will determine the frequency and type of future inspections.

We would like to thank all the residents, manager and staff for their welcome and assistance both on the day and in taking time to complete surveys.

What the service does well:

Residents and their relatives say that this home provides very good care, the manager and her staff are kind and caring. The food provided in the home is good and well presented. Residents' rooms are spacious and comfortable and the home is well maintained and clean.

What has improved since the last inspection?

The manager took speedy action to address and meet requirements and recommendations made at the last inspection. The home continues to make improvements to the building including replacing the central heating and hot water pipes throughout the home.

The manager has introduced a system of task delegation and monitoring to senior staff to ensure safe and quality services for residents.

What they could do better:

The manager has identified areas where the home could improve including more outings for residents and further training for staff.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

DETAILS OF INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

The Commission considers Standards 3 and 6 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

Standards 1 and 3. Standard 6 does not apply, as the home does not provide intermediate care.

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

The home has a system of assessing and identifying residents needs which ensures their safety and that there assessed needs can be met.

EVIDENCE:

A copy of the home's updated statement of purpose and information that is provided to prospective new residents was seen. These documents gave clear information and details about the services available and were on display in the entrance hall of the home.

The manager confirmed that she will visit all prospective residents and carry out a full care needs assessment before offering them a place. The care records of two residents' who had recently moved into the home kept on the

computerised system showed that the assessment process is satisfactory and confirmed that new residents are admitted for a trial period of four weeks so that both the resident and the home can decide whether the home can meet their assessed support and care needs.

However, there appeared to be less information about the assessment of care needs for a person admitted for an emergency short-stay, 'respite' care admitted to the home while the manager was on holiday. The manager agreed that the assessment information for this person was scarce with insufficient information about their care support needs and risk assessments. In acknowledging this, the manager gave a verbal undertaking that at any future pre admission assessments would be carried out following the full pre admission assessment procedure.

To ensure equality and diversity are promoted within the service the home informed us in their AQAA that *"the home has a policy on equality and diversity and cares for a wide range of elderly people with varying abilities and disabilities. Although this is an Anglican based home, residents of different religious beliefs or no beliefs are catered for."*

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

7,8,9 and 10

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

The home has a well-developed system of planning and reviewing care which reflects residents wishes, aspirations and ensures residents needs are met within a risk management policy and involves residents and residents representatives or relatives in decisions that affect them.

EVIDENCE:

A sample of six residents care plans were viewed and a number of residents spoken to individually or in groups. All of the care plans viewed were based on pre admission assessments of need were reviewed regularly, updated on the computerised system to reflect changing needs and included confirmation that residents were consulted about and participated in the production of the plan. Copies of care plans and daily notes were kept on each floor of the home and were accessible to staff. These plans provided staff with the information that they need to provide appropriate care and support for each resident.

All of the residents spoken with confirmed they were very happy, contented, liked the staff and management, were treated with respect and would recommend the home to anyone. Residents responses to our questions relating to how they were cared for and living in the home were all very positive and included comments such as "*the care I find is very good*", "*I am very happy here*", "*well satisfied*". During our visit we observed staff treat residents with respect, and dignity, talk to residents in a non-patronising manner and knock on bedroom doors, entering when asked to do so.

Residents spoken with confirmed they were able to see the doctor or any other health/social care professional of their choice when they needed to. Residents currently have a choice of doctors from local practices. Records were kept of appointments with GPs, dentist, optician, chiropodist and any other external health/social care professional and included details of an advice/treatment given by them. Six local GPs returned comment cards; all indicated that the home works in partnership with them and that they are satisfied with overall care provided in the home. During the visit a GP visiting the home stated they had no issues with this home.

The manager confirmed that since the last inspection senior staff have had training from the dietician in the use of a recommended method of assessing peoples' nutritional status (the Malnutrition Universal Screening Tool – MUST). If people are found to be 'at risk' of being undernourished, the staff will take action to try and improve their diet and, if necessary will refer to the GP and dietician for advice and diet supplements.

Medication records seen confirmed that all prescribed drugs and medicines, which are securely stored, are dispensed by a pharmacist and administered by trained staff. The record of drugs and medicines administered to residents and unwanted drugs disposed of sampled were complete and accurate. Residents who wish may assume responsibility for their own medication and specific risk assessments were seen where this was the case.

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

The Commission considers all of the above key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

12,13,14 and 15.

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

The social activities, family contacts and the provision of varied and nutritious meals were well managed and reflected residents interests and choices.

EVIDENCE:

A variety of in house recreational activities are available to residents. These include arts and crafts, weekly library, quizzes, musical entertainment, crosswords, clothing shows and monthly tea parties. Activities outside the home include outings in the home's mini bus, barbecues and pub lunches.

One resident commented, when asked about activities in the home, *"I can't stand the music session, but the others seem to really enjoy it. I don't need to go to it. I have plenty to do, lace making and floral art. I like visiting my friends for a chat."* Another resident said *"It's easy to make friends here but your privacy is respected, plenty of space to yourself. It's nice if you have religious beliefs."* Eight residents returned surveys, all were complimentary of the home and the care they receive.

Residents confirmed they were fully consulted and were able to exercise choice in all aspects of their lives for example; when to get up and go to bed, mealtimes and where meals are taken, visiting times and the right to receive and converse with visitors in private.

Residents also confirmed visitors were welcome at any time and that they were able to maintain links with the local community. Five residents relatives returned survey questionnaires, all were complimentary of the care provided in this home. One relative commented "*This is how a care home should be run*".

The quality, quantity, presentation and choice of food served was praised by residents. A written daily menu based on resident's likes and dislikes was displayed. A period last year when the meals did not fully meet the satisfaction of residents was addressed by the manager giving this feedback to the cook. Vegetarian options are always available. Persons on special diets, religious or medical, can also be catered for. We observed residents taking their mid day meal that was conducted in a relaxed unhurried manner with staff available to give any resident assistance should they require it. We can confirm the quality, choice and presentation of the meal observed by us during our visit was good. Tea and coffee making facilities were available to all residents and visitors at all times.

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

- 16. Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17. Service users' legal rights are protected.
- 18. Service users are protected from abuse.

The Commission considers Standards 16 and 18 the key standards to be.

JUDGEMENT – we looked at outcomes for the following standard(s):

16 and 18.

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

The home has clear policies and procedures in place which ensures residents are protected from abuse. The complaints procedure was satisfactory with evidence that residents feel their views will be acted upon.

EVIDENCE:

The home's safeguarding policy and procedure, which operates in tandem with the policy and procedure produced by Oxfordshire County Council designed to safeguard residents from abuse was available. A senior carer, who has taken responsibility for the induction training of all new staff, explained in detail the material covered in line with the home's safeguarding and whistle blowing policies and procedures. Staff are tested on their understanding and a record of this is kept. The Commission has received no concerns raised in relation to safeguarding about this home

The homes complaints procedure, which included information on how to contact the Commission was seen. The procedure, which was included in the service users guide, was also displayed within the home. The manager provided details of a complaint received and how this was addressed following the homes policy.

Residents spoken with said felt comfortable in raising any concerns they had with the homes management or any member of staff and confident any matters raised would be dealt with fairly and promptly. The Commission has received no complaints about this home since the last inspection.

Environment

The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

The Commission considers Standards 19 and 26 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

19 and 26.

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

A safe, well maintained, clean and suitably furnished home is provided for residents which meets their needs.

EVIDENCE:

All areas of the home were clean and free from unpleasant odours and obvious hazards. Residents and their relatives confirmed the home is always clean, and smells fresh.

At the time of the inspection work was in hand to replace the central heating and hot water pipe work throughout the home.

Assessments to ensure that any equipment and personal aids required by residents are available have been carried out. Aids currently in use within the

home include hoists, (various) special chairs, raised toilets, ramps, chair lift, passenger lift, beds, walking frames and handrails.

Staffing

The intended outcomes for Standards 27 – 30 are:

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

The Commission consider all the above are key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

27,28,29 and 30.

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

Residents' needs are met by sufficient numbers of well-trained and supported staff who are recruited and selected using a procedure designed to protect all residents.

EVIDENCE:

At the time of the inspection the number of care staff on duty were two senior care staff plus six care staff. In our view which was confirmed by the manager, staff and residents, the planned level of staff was sufficient to meet the needs of the current residents. All residents require some level of help with day to day tasks such as dressing/undressing, washing/bathing, using the toilet and support at mealtimes, or feeding, as reported in the AQAA which was completed by the manager and the care plans.

We viewed four staff recruitment and training files, all of which included evidence that all staff are employed in accordance with a corporate equal opportunities robust recruitment and selection procedure designed to protect residents. This involves the completion of an application form, the signing of a rehabilitation of offender's declaration, an interview, and satisfactory Criminal Record Bureau (CRB), Protection of Vulnerable Adults (POVA) and reference checks. Following their appointment, records seen confirmed all staff are

subject to an in house induction and compulsory training programme, which involves courses that include first aid, moving and handling, POVA infection control and dementia. Staff are expected to undertake National Vocational Qualification (N V Q) courses. Of 28 permanent staff, 14 have achieved at least NVQ level 2, with a further eight currently on courses.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

- 31.** Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
- 32.** Service users benefit from the ethos, leadership and management approach of the home.
- 33.** The home is run in the best interests of service users.
- 34.** Service users are safeguarded by the accounting and financial procedures of the home.
- 35.** Service users' financial interests are safeguarded.
- 36.** Staff are appropriately supervised.
- 37.** Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
- 38.** The health, safety and welfare of service users and staff are promoted and protected.

The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

31,33,35 and 38.

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

The management of the home ensures the health, safety and welfare of residents and staff are promoted and the home is run in the best interests of the residents whose views about living in the home are formally sought.

EVIDENCE:

The registered manager has been employed in the home since 1979 and as head of home since 1991. She is an experienced manager, a registered nurse, holds a social work qualification and has achieved NVQ Level 4 Management and the Registered Managers Award.

A new system of task delegation and monitoring to senior staff has been implemented to ensure health and safety and other quality monitoring of services provided in the home. Views were regularly sought from service users and their families.

The bursar maintains records of all financial transactions carried out within the home; these are subject to independent external audit. Residents can be supported by the home to look after their personal money; these are also subject to independent external audit.

Health and safety policies were in place to ensure the day-to-day safety of staff and residents. Procedures include, weekly health/ safety checks, the regular servicing of equipment, staff training in the techniques of moving and handling infection control, control of substances hazardous to health (C.O.S.H.H.) first aid, health and safety, reporting accidents and procedures to follow in the event of fire (including evacuation). Well-maintained records of checks undertaken were sampled.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	3
2	X
3	3
4	X
5	X
6	N/A

HEALTH AND PERSONAL CARE	
Standard No	Score
7	3
8	3
9	3
10	3
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	3
13	3
14	3
15	3

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	X
18	3

ENVIRONMENT	
Standard No	Score
19	3
20	X
21	X
22	X
23	X
24	X
25	X
26	3

STAFFING	
Standard No	Score
27	3
28	3
29	3
30	3

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	3
32	X
33	3
34	X
35	3
36	X
37	X
38	3

No

Are there any outstanding requirements from the last inspection?

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations

Commission for Social Care Inspection

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