

Amica Care Trust

St John's Court

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

St Johns Court is a nursing home providing personal and nursing care for up to 42 people. The service provides support to younger and older adults who have a physical and/or sensory impairment. The service also supports people living with dementia. At the time of our inspection there were 30 people using the service. St Johns Court accommodates 42 people across four separate wings, each of which has separate adapted facilities. One of the wings, Buttercup, specialises in providing care to people with dementia.

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

St John's Court had been through a period of management changes over the past year, which people and staff told us had caused instability within the home. People gave mixed reviews about the food offered, the provider had listened to people's concerns, but these had not been fully addressed. Some people and staff continued to say there were not enough staff on duty to meet people's needs. The provider monitored staffing levels, however had not fully addressed the concerns that had been raised.

Some people and staff felt there were not always enough staff on duty to meet people's needs in timely way. We did not find evidence that people were not safe with the staffing levels. The provider told us they were reviewing dependency tools to better understand if staffing levels were right.

People's end of life care needs were met in line with their preferences in a respectful and dignified way, however, record keeping around this required updating to reflect people's most up to date wishes.

People told us they felt safe. Relatives felt their family member was safe and cared for in the right way. Staff recognised different types of abuse and how to report it. The provider understood their safeguarding responsibilities and how to protect people from abuse. Potential risks to people's health and wellbeing had been identified and were managed safely. People, and where appropriate, their relatives, had been involved with decisions in how to reduce risks associated with people's care. People's medicines were managed and stored in a safe way. Safe practice was carried out to reduce the risk of infection.

People's care needs had been assessed and reviews took place with the person, and where appropriate, their relative. Staff had the training and support to be able to care for people in line with best practice. People were supported to have a healthy balanced diet and most people told us they were given food they enjoyed. Staff worked with external healthcare professionals and followed their guidance and advice about how to support people following best practice. 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 did support this practice.

People told us staff were kind and treated them well. Relatives felt the staff cared for their family member in a caring and supportive way. Staff treated people as individuals and respected the choices they made. Staff treated people with care and respect and maintained their dignity.

People's care was delivered in a timely way, with any changes in care being communicated clearly to the staff team. People were supported to maintain contact with people who were important to them. People engaged in activities that were individualised to them. People had access to information about how to raise a complaint. Where complaints had been raised, these had been responded to in line with the provider's policy.

The provider had systems and checks in place to identify and respond to shortfalls found within the service. The provider had changed aspects of their checks to ensure these were robust.

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 04 May 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.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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

Follow up

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?

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

St John's Court

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

On the first day of the inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day of the inspection, 3 inspectors attended.

Service and service type

St Johns Court 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 Court 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was no registered manager in post. A provider representative told us they were actively seeking a permanent manager who they felt would be suitable for the position.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all this information to plan our inspection.

During the inspection

We spoke with 9 people who used the service and 2 relatives about their experience of the care provided. We spoke with 12 members of staff including the operations manager, the home manager, the deputy manager, nurses, senior care staff, care staff and the activities co-ordinator. 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 reviewed a range of records. This included 5 people's care records and medication records. We looked at 4 files in relation to recruitment and a range of files relating to training of staff. We looked at staffing rota's and staff allocation, along with incidents and accidents, complaints and safeguarding's. Along with a variety of records relating to the management of the service.

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 changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to establish systems and processes were established and operated effectively to prevent abuse of service users who had a dementia diagnosis. This was a breach of regulation 13 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 13.

- Improvements had been made to ensure there were measures in place to mitigate risk of harm of potential abuse.
- People told us they felt safe with the staff who supported them.
- Staff demonstrated a good understanding of different types of abuse and what approach they would take in the event of any concerns.
- The provider monitored incidents of abuse to ensure actions were taken to reduce risk of harm. Where concerns were reported, actions were taken to mitigate the risk of abuse.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to establish systems to assess, monitor and mitigate risks to the safety and welfare of people using the service. This was a breach 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 regulation 12.

- Since the last inspection the management of risks in relation to people falling had improved to help keep people safe from harm.
- At the last inspection, we found people who lived on the Buttercup unit were at risk of harm as the environment did not always promote people's safety. At this inspection the provider had adapted the environment of the Buttercup unit, to ensure potential risk of harm, such as risk of scalding had been mitigated.
- Risks associated with people's health and clinical needs continued to be assessed and care plans had been developed with the person, and/or their family as appropriate. Staff knew people's needs well and had the information they needed to meet people's needs safely.

- People told us staff understood their care and support needs and they had the help and support from staff when needed. One person said, "I feel safe, because the staff look after me." Relatives told us they felt involved in their family members care.

Preventing and controlling infection

At our last inspection the provider did not have sufficient measures in place to assess the risk of, and preventing, detecting and controlling the spread of infections. This was a breach 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 regulation 12.

- At the last inspection we were not assured the provider carried out safe infection, prevention and control procedures in a number of areas. This included protecting visitors, people and staff. There were also aspects of the environment that was unclean. At this inspection improvements had been made, for example, the carpets had been replaced.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

People were supported to have their family and friends visit them in St Johns Court in line with government recommendations.

Staffing and recruitment

At our last inspection the provider had placed people at risk of harm as there were not sufficient staff deployed in order to meet people's needs. This was a breach of regulation 18(1) 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 18(1).

- There were enough staff on duty to keep people safe as the provider had assessed people's support needs to ensure these were up to date, so staffing levels reflected people's support needs.
- However, we continued to receive mixed views from some staff and people who used the service about staffing levels. Whilst some people and staff felt there were sufficient staff on duty, others felt they experienced delays with care needs being met.
- We did not find evidence that the current staffing levels impacted on people's safety. The provider

monitored call waiting times to ensure these were answered in a timely way. We saw from these records that people were waiting on average, between 1 and 3 minutes for a response from staff. The provider told us they were comparing different dependency tools, which helped them to make judgements about staffing levels, to determine if they were providing sufficient staff to support people.

- The provider was recruiting into the carer and nursing roles and temporary agency staff were supporting the service until these posts were filled. Agency staff confirmed they had been booked for the coming weeks, to provide continuity of care to people.
- The provider had systems in place to ensure safe recruitment practices were carried out before employing staff to work in the home.

Using medicines safely

- Improvements had been made since the last inspection to ensure the safe storage of medicines, for example, drinks thickener was now stored securely.
- People confirmed they had their medicines as prescribed. Where people had 'as required' medicine, such as pain relief, they told us this was offered. There were protocols in place to support staff in when to administer 'as required' medicines.
- Senior care staff and nursing staff had received medicine training prior to administering medicine to people. We saw staff carried out safe administration of medicines when supporting people to take their medicine.

Learning lessons when things go wrong

- Improvements had been made in reporting and reviewing accidents and incidents to ensure safety concerns had been addressed adequately.
- When incidents, such as falls had occurred, investigations took place to ensure lessons were learned to help reduce the risk of them happening again.

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.

Staff support: induction, training, skills and experience

At our last inspection there were not sufficient experienced or skilled staff on duty to meet people's needs. This was a breach of regulation 18(2) 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 18(2).

- Improvements had been made to ensure staff who were new to the service had received training prior to working alone, which included topics such as fire evacuation.
- Staff completed mandatory training, such as safeguarding and moving and handling as required. The provider supported staff to develop their knowledge so they could have lead roles in supporting people's needs more effectively. This included lead roles for dementia care. We found that time was needed for staff to develop their lead roles, to help promote their learning.
- People told us staff knew how to support them in the right way. One person said, "I have confidence in them."

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

At our last inspection the premises were not always safe to use for their intended purpose. This placed people at risk of harm. This was a breach 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 regulation 12.

- At the last inspection the outdoor spaces were not fully accessible to people who lived on the Buttercup unit and staff did not always have time to support people to go outside. At this inspection, whilst the outdoor space remained the same, staff told us they were better able to support people to go outside, as staffing levels within the Buttercup unit better reflected people's current support needs. A provider representative told us how there were ongoing plans to improve independent access to the outdoor space.
- Improvements had been made in the communal area of the Buttercup unit, for example, the flooring had

been replaced with one type of flooring, rather than two different types of flooring, which better supported people with visual impairment, so not to create a potential trip risk. We found other areas of the home had also had the carpets replaced and were no longer visibly dirty.

- At the last inspection, we saw bathroom furniture was broken and damaged and toilet seats were loose. At this inspection we saw maintenance had taken place to improve the bathrooms, so they were safe for use.
- People told us their rooms were pleasant and cleaned daily. We saw they were decorated with items which were personal to them.

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

- People were supported with enough to eat and drink to keep them healthy.
- People we spoke with said they had enough to eat and drink, however people continued, to give us mixed reviews of the food. We raised this with the management team, so they could continue to review this aspect through meetings with the kitchen staff and discussions in residents' meetings.
- Improvements had been made to people's mealtime experience for people living with dementia. We saw staff had time to sit and support people with their meals where this was required.
- Records showed people maintained healthy weights, and any weight loss was monitored and reviewed to ensure actions were taken to ensure people remained a healthy weight.

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

- People's care needs had been assessed and planned in line with best practice.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessment. Staff members could tell us about people's individual characteristics and knew how to best support them. This included, but was not limited to, people's religious beliefs, cultures and personal preferences.

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

- People confirmed they continued to be supported to attend health appointments so they would remain well.
- Staff were aware of people's upcoming health appointments and ensured people were ready and prepared to attend these appointments on time.
- Where people's needs were changing, staff worked with other agencies to ensure the right support was put in place.

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.

- People told us staff would ask for their consent before undertaking any personal care. People felt staff respected their wishes and listened to them. We heard staff seeking consent prior to supporting people.
- Where the provider had deemed people were being deprived of their liberty, applications had been sent to the local authority. Where authorisations had been approved these were reviewed to ensure they remained in date.
- The provider met their legal requirement to notify the CQC where a person had been legally deprived of their liberty.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

- At the last inspection we received mixed reviews about how staff treated and supported people. At this inspection all people spoke positively about the staff. One person said, "I find everyone here is very friendly and very helpful. Staff always wave and shout hello when they pass my room." Another person said, "The staff are all good. All very friendly."
- Staff told us they had more time to spend with people to support them with their emotional support needs.
- Relatives we spoke with felt the staff were kind and caring, one relative said, "The staff are all lovely. All caring and smiling."

Respecting and promoting people's privacy, dignity and independence

- Improvements had been made in how staff supported people with dementia to maintain their dignity.
- The provider had improved the environment and provided greater access to items of interest and stimulation for people with dementia, such as ruffle mats and herb gardens. Staff told us, they had further plans to improve the dementia area and had bought more signage and artwork to be displayed on the walls.
- People we spoke with told us they were treated in a dignified and respectful way. People told us how staff always knocked on their door and waited for a reply before entering, while other people told us how staff maintained their dignity when supporting them with personal care.

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

- People told us they were involved in their care and felt listened to.
- Relatives told us they felt involved in their family members care and felt their views were listened to and respected.
- Staff recognised what was important to people and ensured they supported them to express their views and maintain their independence as much as possible.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

- At the last inspection people living with dementia did not always receive care personalised to them. At this inspection staff told us they had more time to spend with people and we saw this improved people's experiences.
- People confirmed that staff understood their likes and dislikes. One person said, "Staff say it's your home, you choose what you want. I feel involved because they ask you what you want."
- Detailed information about people's needs and preferences was recorded in people's care plans to guide staff in providing person centred care.
- Staff told us they received a handover at the beginning of their shift, so they were aware of any changes to people's care and support since their last shift.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Consideration to people's communication needs when assessing and planning people's care had taken place. People told us they were happy with the way information was shared with them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to develop and maintain their hobbies and interests.
- People continued to spend their day according to their wishes. Some people told us they preferred to stay in their rooms but were given the choice to go to the communal areas if they wanted.
- People told us how they were supported to be engaged in activities held within the home. One person said, "I like going down to the activities. I like socialising so the activities are very good. I like painting." Another person spoke highly of the activities co-ordinator and said, "[Staff members name] does so many things. They are a godsend and do everything to make it work. They are so good."
- People told us how they were supported to go out, such as going to the shops or visiting local attractions, which they enjoyed.
- We spoke with the activities co-ordinator who supported people with dementia, they told us how they recognised the importance of sensory activities such as spending time in the garden planting herbs, or

spending time with people on a one to one basis.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to raise a complaint if they needed to. Where people had raised complaints, they felt that these had been addressed.
- The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint. Where complaints had been received these had been dealt with in line with the providers policy and procedure.

End of life care and support

- Arrangements were in place to ensure people were supported with good care and support when at the end of their life, but records needed improvement to ensure they accurately reflected people's wishes.
- People, and where appropriate their relatives, felt there was good communication about people's wishes for end of life care support.
- Staff understood how to support people who needed end of life care and support. They sought support and worked with external healthcare professionals to ensure the right medicines and equipment was in place, should a person require these.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to assess, monitor and improve the quality and safety of the service. This was a breach 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 regulation 17.

- The provider had strengthened their monitoring and reviews to drive improvement, however, improvements were still required in ensuring records were up to date and accurate. The provider also recognised that there had been changes of home manager, and time was needed to create a stable management structure within the home.
- Since our last inspection there had been further changes with the home manager. At this inspection the provider had a consultant manager in place until a suitable permanent manager was found. The consultant manager had been in post for 2 weeks.
- People and staff told us they felt the home needed stability with the management structure. One person said, "They need a manager to stay, the last one left in a hurry." While a staff member said, "Inconsistent management is the problem. If we had some stability here things would improve."
- Staff told us they felt the new manager and the deputy manager were approachable and listened to them. People we spoke with told us they had not spoken with the new manager at the time of our inspection but knew who they were.
- The provider's audits and checks had identified improvements were needed to ensure records were accurate and up to date. We found this continued to be the case. The provider told us the staff team were working hard to address this.
- Senior managers visited the home regularly and made checks to ensure actions were being taken to drive improvement within the service.
- We saw through meeting minutes that people had raised concerns about the food in May 2022. People we spoke with continued to give mixed reviews about the food. Therefore, the provider could not be assured people's concerns had been fully addressed. We discussed this with a provider representative who said they would continue to follow this up.
- People and staff continued to share with us mixed views around staffing levels. While the provider had

systems to check staffing levels, they had not, at this time addressed people and staff's concerns around this fully.

- The provider shared their learning from incidents which had taken place, to drive improvement and mitigate risk of further incidents taking place.

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 provider is legally required to have a registered manager in post. There had not been a registered manager at St Johns Court since February 2022. A provider representative told us they were actively seeking a suitable manager for the home, however had not been successful at this time.
- The provider's systems had improved to gain better assurances that where incidents had taken place duty of candour had been applied.
- The provider understood their responsibilities for reporting events and incidents that were legally required to the CQC.
- The legal requirement to display the CQC ratings of the last inspection in the home was met.

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

- Staff told us that since the last inspection, morale within the team had improved, staff said they worked together well as a team to support people who lived in the home.
- Some staff had been given lead roles in specific areas such as dementia champion. Staff told us that these roles were still developing, and they needed time to increase their knowledge and understanding of these roles.
- People had the opportunities to attend meetings if they wished which were chaired by the deputy manager and a provider representative. We saw minutes of these meetings where people and relatives discussed topics that were important to them.

Working in partnership with others

- The staff team worked with people, relatives and healthcare professionals to provide the good outcomes for people.
- Staff worked in partnership with external agencies to ensure people received the right care at the right time.