

St John's Home

# St John's Home

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

St John's Home is a residential care home providing accommodation for persons who require nursing or personal care to up to 50 people. The service provides support to older people. At the time of our inspection there were 30 people using the service.

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

Some environmental risks were not always mitigated. The registered manager addressed these concerns following our inspection. People's needs were assessed, and clear risk assessments were in place to guide staff. However, risk assessments for high-risk medications were not in place. Staff received safeguarding training and knew what to do if they thought someone was at risk. Medicines were managed safely. There were safe systems of recruitment in place.

Feedback about the service, staff and management was positive. Staff worked in effective partnership with external professionals. The management team had oversight of the service and demonstrated commitment to the continued development of the service. Actions were taken to develop and improve identified areas.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 16 March 2021) and there were breaches of regulation. 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

We carried out an unannounced focused inspection of this service on 10 February 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

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

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

service can respond to COVID-19 and other infection outbreaks effectively.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St John's Home on our website at [www.cqc.org.uk](http://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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# St John's Home

## 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.

#### Inspection team

This inspection was carried out by 1 inspector 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.

#### Service and service type

St John's Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. St John's Home is a care home without 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 a registered manager in post.

#### 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 health 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 7 people who used the service and 2 relatives to share their experiences of care received. As such we looked around the home and observed the way staff interacted with people. We spoke with 7 members of staff including the registered manager, deputy manager, operations manager and 4 care staff. We received feedback from 2 visiting healthcare professionals.

We reviewed a range of records relating to people's care and the way the service was managed. These included 7 people's care records and 8 medicine administration records (MAR). We also looked at staff training records, 5 staff recruitment files, quality assurance audits, incident and accident reports, and 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. The rating for this key question has remained requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure all risks were assessed or managed and strategies to mitigate risks had been completed. This was a breach of Regulation 12 (Safe Care and Treatment) 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.

- Some environmental risks were managed well whilst improvements were required to other aspects of the environment to reduce risks to people further. We identified wardrobes were not secured to the walls to prevent them from falling. We also found the laundry room door was not secured. We brought this to the attention of the registered manager during inspection who took steps to address these shortfalls.
- Risks to people's safety were mostly assessed and reviewed. However, while most care plans were good quality, we found staff did not have enough written guidance on what to do if a person fell and took blood thinning medicine. Not having this guidance can risk staff not taking appropriate action as the person would be at higher risk of bleeding after their fall. While staff guidance for this was not clear, staff were aware of the additional risks associated with blood thinners and records showed that staff took appropriate action after a fall occurred. After the inspection, the registered manager improved this guidance for staff.
- At the last inspection monitoring records relating to people at risk of weight loss or skin damage were not always completed. At this inspection monthly weights and daily skin checks were recorded, and appropriate actions taken when required.
- The previous inspection identified that staff did not always record whether people ate or drank enough. This put people at risk of malnutrition and dehydration. At this inspection records demonstrated that people's optimum fluid amount was calculated, and the intake added up daily to ensure they met their target. People's food choices and amounts eaten were also documented.
- At the last inspection we identified systems and processes in place to ensure bruises or injuries were identified and recorded required improvement. At this inspection records demonstrated that injuries were recorded, and an appropriate body map completed. The registered manager had implemented a system where these incidents were analysed monthly and discussed at the quarterly health and safety board meeting to identify trends and mitigate risks further.

- People and their relatives told us they felt the service was safe. One person said, "I do feel safe." A relative told us, "[Person] is definitely safe living here."

#### Using medicines safely

- Medicines were stored safely and disposed of correctly. However, there were some inconsistencies with recording open dates on medicine bottles, checks confirmed these items had not passed their expiry date.
- People received their medicines safely in line with their preferences and were administered by staff who knew them well.
- When medicines were prescribed on a 'when required' basis, there were protocols to guide staff when doses should be given.
- Staff received medication training and had their competency checked to ensure they were safe to administer medicines. Staff confirmed this happened.

#### Staffing and recruitment

- Staff were safely recruited. We reviewed staff recruitment files and found appropriate checks such as Disclosure and Barring Service (DBS) and risk assessments had been completed prior to staff starting. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were sufficient staff to meet people's needs. On the days of the inspection, we observed staff were visible and accessible to people.
- Staff we spoke with were generally positive about staffing levels within the home. One staff member said, "Most of the time staffing is good, if someone rings in sick last minute we can usually get it covered. We're a good team and we all step in."
- Analysis of call bell response times was undertaken by the management team to identify any delays and we saw these were followed up. One person told us, "It's never too much to wait, sometimes they are busy, but they come soon enough."

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA.
- Staff had received training in the MCA and had a clear understanding of their role and responsibilities in line with legislation.

#### Preventing and controlling infection

- 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 using PPE effectively and safely.
- 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.

Visiting in care homes

- The provider ensured visiting arrangements at this service were in line with government guidance. Relatives confirmed they were free to come and go as they wished.

Learning lessons when things go wrong

- Records demonstrated referrals had been made to the local authority safeguarding team, and appropriate investigations to any allegations raised were completed. Lessons learnt were shared with staff during team meetings.
- Systems were in place to record accidents and incidents. They were reviewed regularly by the management team for themes and trends.

# 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. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to assess, monitor and improve the quality of the service. This was a breach of Regulation 17 (Good governance) 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.

- At our last inspection systems and processes to ensure effective oversight of the service required improvement. Not all areas had audits completed. At this inspection systems were in place to provide oversight of the quality of the home. The registered manager and deputy manager completed a range of audits to monitor the quality of care delivered. We found that these identified issues and areas of improvement, and actions were taken to improve on areas identified.
- The registered manager understood their role. Where appropriate, the registered manager completed statutory notifications regarding incidents such as safeguarding concerns to CQC and other agencies. This meant external oversight and monitoring was maintained.
- People and their relatives felt the home was well managed. One person told us, "[Manager] has a good team around them and they get the job done. [Manager's] priorities are clear and it's to keep us safe and look after us."
- People and their relatives spoke positively about the warm atmosphere and care they received. One relative told us, "It's a nice atmosphere here, it's peaceful and quiet." One person told us, "Carers are all very friendly, hardworking and obviously very busy, they know if there are any activities I like they will come and ask would I like to attend."

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 registered manager understood the duty of candour and the need to be open and honest. Incidents were investigated appropriately, and relevant parties were kept informed throughout.

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

### characteristics

- The service involved people and their families in discussions about individuals' care and support needs.
- People, staff, relatives and visiting health care professionals were able to engage with the running of the service through satisfaction surveys. We saw survey responses were mainly positive about the service and experiences of care. One comment included, "[Staff] treat our [family member] with love, compassion, dignity, and care. Fantastic service, brilliant."
- Staff meetings were held to gather staff views and opinions. One staff member told us, "We have regular team meetings, and separate senior carers meetings. We can always raise suggestions." Records of meeting minutes showed staff involvement, and discussions covered a variety of different topics including infection control, safeguarding and external audit findings.

### Continuous learning and improving care

- The registered manager was open to feedback and implemented changes immediately after the inspection.

### Working in partnership with others

- Partnership working was established. Staff worked closely with health care professionals, regularly sharing information relevant to people's health and social care needs. This supported people to achieve positive outcomes. One healthcare professional told us, "[Staff] follow suggestions and they let me know of any issues and if it's been actioned. Awareness and communication are very good." A relative told us, "We as a family know [family member's] health and well-being is being well looked after."
- Care plans included details of healthcare professionals involved in people's care and evidence of referrals that had been made where additional support, such as falls prevention team input, was required.