

Country Court Care Homes 2 Limited

St John's Care Home

Inspection report

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Date of inspection visit:
10 June 2019

Date of publication:
27 August 2019

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

About the service

St John's Care Home is a residential care home providing personal care to 51 people aged 65 and over at the time of the inspection. The care home can accommodate up to 56 people in one adapted building.

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

There were enough staff available to meet people's needs and staff had received appropriate training and support to ensure care was provided in line with best practice guidelines and legislation. The registered manager had ensured staff were safe to work with people living at the home. Staff were kind and caring and knew people and their needs well.

Care plans contained information about the risks to people while receiving care and where needed, equipment was in place to keep people safe. Medicines were safely managed. People were supported to eat safely and maintain a healthy weight.

Some care plans needed further information on how to tailor care to people's individual needs and this had been identified as an action by the registered manager. However, staff's knowledge of how people preferred to receive their care meant that the lack of recording did not impact on people. People received compassionate support at the end of their lives.

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.

The environment was pleasant and allowed people a choice of where to spend their time. The provider had plans in place to refurbish the upstairs area of the home to better support people living with dementia.

There were systems in place to monitor the quality of care provided. This included the monitoring of complaints and accidents and incidents as well as taking into account the views of people using the service. Where needed action was taken to improve the quality of care provided. The registered manager and staff worked collaboratively with other health and social care professionals to meet people's needs.

Rating at last inspection

The last rating for this service was Good (published 30 September 2016). At this inspection we found the provider had maintained the rating of good.

Why we inspected

This was a planned inspection based on the previous rating.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 well-led.

Details are in our well-Led findings below.

Good ●

St John's Care 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 Care Act 2014.

Inspection team

The inspection team consisted of an inspector and assistant 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 Care Home 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who lived at the home and two relatives about their experience of the care provided. We spoke with a visiting community nurse. We spoke with the registered manager, operations manager, three care staff and the cook. 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 five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. One person said, "Oh yes, I don't lock my doors, if they bring me a cup of coffee that's very nice. I just feel safe here."
- Staff had received training in how to keep people safe from abuse and were clear on how to raise concerns both with the home and to external agencies.
- When concerns were raised the registered manager worked with the local authority safeguarding team to investigate the concerns. Where needed action was taken to keep the person safe from further harm.

Assessing risk, safety monitoring and management

- People were protected from the risk of harm while receiving care.
- People's needs and abilities were assessed on an ongoing basis to identify any areas of risk. Care was then planned to minimise the risk to people to keep them safe.
- Care plans contained all the information needed to support staff to provide safe care and where needed, equipment to keep people safe was in place. For example, where people were at risk of developing skin damage due to pressure, care plans noted they should be supported to move position regularly and pressure relieving mattresses and cushions were in place.
- Relatives told us staff were aware of the risks to people and monitored people to ensure they were safe. One relative told us, "[Name] has to be watched because they can easily fall, they are an active person, they [staff] are aware of that."

Staffing and recruitment

- People told us there were enough staff to meet people's needs. One person said, "There's a good number of staff." People told us staff were responsive to call bells. One person said, "There is a call bell, I don't use it very often, they usually get there."
- The registered manager used a tool to calculate the number of staff needed dependant on the needs of people living at the home. Records showed there were consistently more care staff on duty than was needed.
- The registered manager had followed safe recruitment processes and had ensured people working at the home were safe to work with the vulnerable people living there.

Using medicines safely

- Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Staff had received training in the safe handling of medicines and supported each person to take their medicines in their preferred way.

- Some medicines had been prescribed to be taken as required. While the staff had developed a protocol for the safe administration of these medicines, there was not always enough information in the protocol to support staff to administer them in a consistent manner. For example, one medicine was noted as being for constipation, but gave no indication of if the person was able to tell staff if they needed the medicine or how they may behave when constipated. We discussed this with the registered manager who told us they would review the protocols .

Preventing and controlling infection

- Systems were in place to reduce the risk of infection.
- The home was clean and tidy, the cleaning routine in place ensure the risk of infection was minimised.
- Staff had received training in infection control and were able to tell us how they worked to reduce the risk of infection. This included using protective equipment such as gloves and aprons.
- Staff also knew how to minimise risks when there was an infectious outbreak in the home.

Learning lessons when things go wrong

- Incidents were recorded and reviewed by the registered manager. Action was taken to reduce the risk of the incident reoccurring.
- Learning from incidents was reviewed with people in Supervision meetings and daily shift handover meetings.
- In addition, all incidents for the provider were collated at the provider's head office to ensure learning across the whole organisation was taken into account.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they moved into the home. This allowed the registered manager to ensure staff had all the skills and knowledge needed to deliver care in line with best practice.
- For people who came to the home from hospital, the provider was part of the trusted assessor service where hospital-based staff completed the assessment and passed all the information to staff at the home.
- People's care plans were reflective of nationally recognised care guidance and regularly reviewed with them. This included routine reviews or following any changes in people's health condition. For example, in relation to people's support with their mobility or skin care.

Staff support: induction, training, skills and experience

- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles. Staff told us as part of the induction process they had worked with an experienced member of staff so they had support if there were any concerns. New staff also had to complete the care certificate. The care certificate is a set of national standards which give staff the skills to care for people. Staff told us they had felt supported during their induction.
- People were supported by staff who had ongoing training to ensure they kept up to date with changes in best practice and legislation. Staff were given opportunities to review their individual work and development needs in individual meetings with the registered manager.

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

- People told us they were happy with the quality of food provided. One person told us, "The food's very good. I'm having an omelette. Somebody comes around and asks you the day before. You can have tea and coffee through the night."
- People's needs around food were discussed when they moved into the home. For example, one person told us how they had discussed their food allergies and other dietary needs with the staff.
- People's ability to eat and drink safely and maintain a healthy weight were assessed and where staff had any concerns about people, they were referred for an assessment by a healthcare professional. Where necessary food and drink were modified to ensure people were safe. For example, food could be soft or pureed making it safer for the person to swallow.

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

- A visiting healthcare professional told us staff worked collaboratively with them to support people's needs.

They were confident that staff had the skills needed to identify issues which needed nursing input and contacted the community nurses appropriately.

- People were supported to access healthcare advice and support as needed to maintain their health. Records showed people had been able to access GP advice and support when needed and had been supported to attend hospital appointments.

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

- The home was pleasantly decorated. Downstairs there was a café area where people could spend time and get themselves a drink. One person told us, "I ring my family, they can come whenever they like, they've got a cafeteria here." As well as the café area there was a small bar area so people could visit and have a drink if they wanted.
- Upstairs there were some areas in need of attention. The registered manager told us this had been identified and plans were in place to refurbish the whole of the top floor.
- There were pleasant secure outside areas for people to spend time in if they wished.

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 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training in the MCA. They were able to describe how they supported people to make as many choices as possible over their daily lives. For example, by ensuring information was presented in a way they could understand.
- Some people living at the home had been unable to consent to being there. The registered manager had completed DoLS applications for these people to ensure their rights were protected. No one living at the home had any conditions on their DoLS.
- Where people may have been unable to make decisions for themselves, the registered manager had ensured capacity assessments had been completed. Where people were unable to make a decision, decisions had been made in their best interest. The decision-making process had included professionals involved in their care as well as family members.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same 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

- People were treated with kindness and staff were caring. One person told us, "Oh yes, staff are kind." A relative said, "It's a nice place, there's nothing wrong with it. The carers are really kind."
- There was plenty of interactions between staff and people living at the home. We saw staff took notice of people's needs and offered support where needed. For example, we saw staff supported people to take part in activities in communal areas.
- Staff told us they liked to get to know the people they were caring for, so they could support them better. One member of staff said, "I know their life stories and their family, like [Name] likes a cigarette. I like to know about them so we have things to talk about."

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

- People were supported to make decisions about their day. For example, they were able to choose which area of the home they wanted to spend their time in. People were also offered choice around mealtime and if they did not want anything on the menu, the cook was happy to make them anything they wanted.

Respecting and promoting people's privacy, dignity and independence

- People told us staff supported and respected their independence. One person told us, "They try to encourage you." Another person said, "I always get myself a morning wash down, I chose my own clothes."
- People's privacy and dignity were also respected. Staff told us how they would knock on doors before entering a room and this was confirmed by people living at the home. In addition, staff ensured people remained as covered as possible while receiving personal care and were encouraged to do as much as possible for themselves. A relative told us how their family member was always nicely dressed and in clean clothes.
- Some people living at the home had been supported to access an advocate to help them make decisions. An advocate is an independent person who is able to speak for the person and represent their view to ensure that decisions are made in the person's best interest best interest.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same 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

- Care plans contained the information needed to provide safe care. However, some lacked information on people's individual needs, likes and dislikes. We discussed this concern with the registered manager who explained that staff were in the process of reviewing and updating care plans to include more person-centred information.
- Staff we spoke with were able to tell us how they tailored care to people's individual needs, so while it was not recorded in the care plans the actual care provided was person centred.
- People living at the home were not always clear if they had seen and agreed with the information held in their care plans. The registered manager explained as part of the review process staff were going to sit with each person to go through their care plans with them.
- Relatives were confident they knew about people's care plans and they were kept up to date with any changes in their care. One relative told us, "If anything happens they call me straight away, if [Name] falls, they call me."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in their care plans. These needs were shared appropriately with other health and social care professionals.

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 told us staff supported them to keep in contact with their family members. One person told us, "I go to the little office and ask, 'may I ring my family' and they look up the number for me and then I speak to them."
- People were supported to undertake activities which maintained their wellbeing. One family member told us, "They [staff] let [Name] push a trolley because of their [previous] work. He likes to be busy."
- There was an activities timetable in place which highlighted a wide variety of activities. We saw people were supported to exercise to maintain their mobility and for those who wished to take part, religious activities such as bible reading were planned.

People told us they were happy with the activities planned. One person said, "I usually sit in the garden for half an hour. I will sit and watch the TV. I keep myself exercising." Another person said, "I sit in the garden if it's nice. I've knitted a blanket, we all have to knit squares. The activities coordinator is going to sew them altogether."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy displayed in the home which advised people and relatives how to make a complaint. However, everyone we spoke with was happy with the care they received and while confident that the registered manager would investigate any complaints, had not felt the needed to raise a concern.

End of life care and support

- The registered manager and staff worked collaboratively with other healthcare professionals to ensure people's needs at the end of their life were identified and respected. They followed best practice guidelines for people and anticipatory medicines were arranged to keep people pain-free at the end of their lives.
- People's wishes for the end of their life was discussed and recorded. For example, if they wanted to avoid going to hospital, if they wished to be resuscitated or if they wished for religious or spiritual guidance.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same 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

- The registered manager walked around the home and knew people and their needs well, they were able to tell us about people's care. Everyone we spoke with knew who the registered manager was and were confident about speaking with them. One person told us, "I do yes, know the manager."
- The culture in the home was caring and staff focused on providing care which met people's needs. It was clear staff knew people well and had developed kind caring relationships with them.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 and registered manager had taken action to comply with the regulatory requirements. They had ensured their rating was displayed in the home alongside an action plan telling people about the changes they were making to improve the care provided. The registered manager had notified us about events which happened in the home.
- There were effective audits in the home, this allowed the registered manager and provider to monitor the quality of care provided and to make improvements when needed.
- The registered manager had been open and honest with people and relatives about incidents which happened in the home. They had ensured relatives were kept up to date with any concerns about their relatives care needs.

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

- People living at the home told us they had attended residents' meetings where they were able to give their views on the quality of care they received. One person told us, "There are occasionally [meetings], I've been and talked at them."
- Staff were kept up to date with changes in the home through team meetings and individual supervision meetings. Staff told us they were happy to raise any concerns they had and were aware of the provider's whistleblowing policy which enabled them to raise concerns anonymously.

Continuous learning and improving care

- The provider had head office staff which supported the registered manager, for example by highlighting change in best practice or legislation. In addition, they met with the providers other registered manager to

share best practice or ideas which had worked well.

- The registered manager had investigated accidents and incidents and had identified areas where improvements could be made. They ensured this learning was shared with staff and used to improve the quality of care provided.

Working in partnership with others

- The registered manager worked collaboratively with health and social care professionals to ensure people received care which met their needs.