St. John Ambulance

St. John Home

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected the service on 19 September 2018. The inspection was unannounced.

St John Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

St John Home is registered to provide accommodation, nursing and personal care for 18 older people and younger adults. It can also accommodate people who require support to manage their mental health and people who have physical and/or sensory adaptive needs. There were 15 people living in the service at the time of our inspection visit all of whom were receiving nursing care.

The service was run by a charitable body who was the registered provider.

At the last comprehensive inspection on 16 August 2017 and 18 August 2017 the overall rating of the service was, 'Requires Improvement'. We found three breaches of regulations. This was because people had not always been provided with safe care and treatment. In particular, there were shortfalls in the steps taken to reduce the risk of accidents and to ensure that people drank enough and dined safely. There were also oversights in the checks made to ensure the safe operation of bed rails and pressure relieving mattresses. In addition to this, suitable provision had not been made to obtain people's consent to the care they received. Furthermore, the registered provider had not established robust systems and processes to monitor, assess and improve the service.

We told the registered provider to send us an action plan stating what improvements they intended to make and by when to address our concerns and to improve the key questions of 'Safe', 'Effective' and 'Well Led' back to at least, 'Good'. After the inspection the registered provider told us that they had made the necessary improvements.

At the present inspection we found that sufficient progress had been made to meet each of the breaches of regulations. There were robust arrangements in place to ensure that people reliably received the nursing and personal care they needed. This included lessons being learned when things had gone wrong so that arrangements could be made to reduce the risk of people experiencing falls. It also included people being helped in the right way to drink enough and to eat safely. Furthermore, additional checks had been made to ensure that bed rails and pressure relieving mattresses were in a serviceable condition. Revised arrangements had been made to enable people to seek consent in line with national guidance. Additional quality checks had been introduced to enable the registered provider to better ensure that people received care that met their needs and expectations. However, in relation to this more progress was still needed as quality checks had not identified that additional steps needed to be taken for the service to comply with a change in best-practice guidance. We found that people had not always had information presented to them in an accessible way. This had reduced their ability to receive person-centred care that promoted their

independence. This was because appropriate arrangements had not been made to implement the Accessible Information Standard 2016. We have made a recommendation in relation to this matter.

Our other findings were as follows: People were safeguarded from situations in which they may experience abuse including financial mistreatment. Medicines were managed safely. There were enough nurses and care staff on duty. Background checks had been completed before new nurses and care staff had been appointed. Suitable arrangements were in place to prevent and control infection.

People received nursing and personal care that was delivered in line with national guidance by nurses and care staff who had the knowledge and skills they needed. This included respecting people's citizenship rights under the Equality Act 2010. People were supported to eat enough to have a balanced diet to promote their good health. Suitable steps had been taken to ensure that people received coordinated care when they used or moved between different services and people had been supported to access any healthcare services they needed. The accommodation was designed, adapted and decorated to meet people's needs and expectations.

People were supported to have maximum choice and control of their lives. In addition, the registered provider had taken the necessary steps to ensure that people only received lawful care that was the least restrictive possible.

People were treated with kindness and they had been given emotional support when needed. They had also been helped to express their views about things that were important to them. This included them having access to lay advocates if necessary. Confidential information was kept private.

People received all the practical assistance they needed. People were given opportunities to pursue their hobbies and interests. Nurses and care staff recognised the importance of appropriately supporting people if they followed gay, lesbian, bisexual, transgender and intersex life-courses. Suitable arrangements were in place to resolve complaints to improve the quality of care. People were supported at the end of their life to have a comfortable, dignified and pain-free death.

There was no registered manager. However, there was a manager in post who had promoted an inclusive culture in the service. They were in the process of applying to be registered by us. People who lived in the service and members of staff were actively engaged in developing the service. Nurses and care staff had been supported to understand their responsibilities including speaking out if they had concerns about a person's wellbeing. There were suitable arrangements in place to enable the duty of candour to be met. The registered provider had told us about any significant events that had occurred in the service. The quality ratings we had given the service were displayed in the right way. The registered provider was actively working in partnership with other agencies to support the development of joined-up care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People received safe care and treatment and lessons had been learned when things had gone wrong.

People had been safeguarded from the risk of abuse.

Medicines were managed safely.

Sufficient numbers of nurses and care staff had been deployed to enable people to receive the care they needed.

Background checks had been completed in the right way before new nurses and care staff were appointed.

Suitable provision had been made to prevent and control the risk of infection.

Is the service effective?

Good

The service was effective.

There were suitable arrangements to obtain consent to care and treatment in line with legislation.

Nurses and care staff had been supported to deliver care in line with national guidance.

People's citizenship rights were respected so they were protected from the risk of experiencing discrimination.

People enjoyed their meals and had enough to eat.

People were supported to receive coordinated care when they used different services.

People had been enabled to receive on-going healthcare support.

Is the service caring?

Good

The service was caring.

People received care that respected their right to privacy and which promoted their dignity.

People had been supported to express their views about things that were important to them.

Confidential information was kept private.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People had not been fully supported to make and review decisions about their care by having information presented to them in an accessible way.

People had been offered sufficient opportunities to pursue their hobbies and interests and to take part in a range of social activities.

Suitable arrangements had been made to promote equality and diversity.

There was a procedure to manage and resolve complaints.

Suitable provision had been made to support people at the end of their life to have a comfortable, dignified and pain-free death.

Is the service well-led?

Good

The service was well led.

There was no registered manager however appropriate steps had been taken to provide management cover until a new manager was appointed.

The manager had promoted an inclusive culture and had supported nurses and care staff to understand their responsibilities.

Nurses and care staff recognised the importance of speaking out if they had concerns about the wellbeing of a person who lived in the service.

There were suitable arrangements to meet the duty of candour.

The registered provider had told us about significant events that

had occurred in the service.

The quality ratings we had given the service were displayed in the right way.

The registered provider was working in partnership with other agencies to promote the delivery of joined-up care.

St. John Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider continued to meet the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

We used information the registered provider sent us in the Provider Information Return. This is information we require registered providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered provider had sent us since our last inspection. These are events that happened in the service that the registered providers are required to tell us about. We also invited feedback from the commissioning bodies who contributed to purchasing some of the care provided in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 19 September 2018 and the inspection was unannounced. The inspection team consisted of three inspectors.

During the inspection we spoke with seven people who lived in the service and with two relatives. We also spoke with a housekeeper, five care staff, three nurses, the administrator, the business manager and the manager. We observed care that was provided in communal areas and looked at the care records for five people who lived in the service. We also looked at documents and records that described how the service was managed including staffing, training and quality assurance.

After the inspection visit we spoke by telephone with two relatives.

Good

Is the service safe?

Our findings

At our inspection on 16 August 2017 and 18 August 2017 we found that there was a breach of regulations. This was because suitable arrangements had not consistently been made to provide people with safe care and treatment. In particular, there were shortfalls in the arrangements that had been made to ensure that lessons were learned when people had falls. This had reduced the registered provider's ability to ensure that suitable steps were taken to reduce the likelihood of the same thing happening again. There had also been shortfalls in the provision made to support people who were at risk of not drinking enough and becoming dehydrated. This was because nurses and care staff had not always carefully checked how much these people were drinking each day so that medical advice could quickly be sought if concerns arose.

In addition to this, insufficient provision had been made to assist people who were at risk of choking because nurses and care staff had not been given guidance about which people were at risk and needed individual help to dine in safety and comfort. Another shortfall was because checks had not been regularly completed to ensure that the rails fitted to some beds were in good condition and did not create the risk of people becoming entrapped in them. Lastly, we found that nurses and care staff had not always regularly checked to ensure that special mattresses used by some people to reduce pressure on their skin were working correctly.

After the inspection the registered provider wrote to tell us that they had made all the improvements that were necessary to put right each of the shortfalls.

At the present inspection we found that suitable steps had been taken to address our concerns. People received safe care and treatment because lessons had been learned when things had gone wrong. This included when people had experienced falls or near misses. We noted that when accidents had occurred nurses had carefully established what had occurred and had taken practical steps to keep people safe. The measures included inviting people to use special sensor mats. These devices alert care staff if someone attempts to walk without assistance when it is not safe for them do so. We also found that more robust arrangements had been introduced to ensure that nurses and care staff carefully checked how much people were drinking if they were at risk of becoming dehydrated. In addition to this, records showed that additional checks were being competed to make sure that bed rails were securely fitted. Also, pressure relieving mattresses were being monitored to ensure that they were set up in the right way to accommodate each person's individual requirements.

More generally, we noted that risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. The service was fitted with a range of specialist fixed and mobile hoists that were necessary to help people who experienced reduced mobility. Hot water was temperature controlled and radiators were fitted with guards to reduce the risk of scalds and burns. The service was equipped with a modern fire safety system that was designed to enable a fire to be quickly detected and contained so that people could be moved to safety. Windows were fitted with safety latches so that they only opened wide enough to be used safely.

The registered provider had made suitable provision to provide people with safe care and treatment and had met the breach of the regulation.

People told that us they felt safe living in the service. One of them said, "I've settled here and see it as home now. The staff are all very kind to me and I've no concerns at all." Relatives were also confident that their family members were safe living in the service. One of them said, "St John is a lovely, lovely home. The staff are lovely and welcoming all of them are just so kind. I never have to worry about my mum as I know she's safe."

People were safeguarded from situations in which they may experience abuse. Records showed that nurses and care staff had received training and knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. They told us they were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm.

Suitable arrangements were in place to safely order, administer and dispose of people's medicines in line with national guidelines. There was a sufficient supply of medicines that were stored securely. There was written information for nurses to follow that included guidance about the medicines each person was prescribed to use and that listed important considerations such as allergies. Medicines were only administered by nurses who had received training and who had been assessed as being competent to undertake this task. We saw them correctly following written guidance to make sure that people were given the right medicines at the right times. We also noted that they carefully recorded each occasion on which a medicine was administered including medicines given by placing a patch on a person's skin. When medicines were no longer needed they were promptly disposed of in a secure way so that good stock control could be maintained.

The manager told us that they had carefully established how many nurses and care staff needed to be on duty. They said that they had taken into account the number of people living in the service and the nursing and personal care each person needed to receive. Records showed that sufficient nurses and care staff had been deployed in the service during the two weeks preceding the date of our inspection visit to meet the minimum figure set by the manager. During our inspection visit there were enough nurses and care staff on duty because people promptly received all the care and individual support they needed.

We examined records of the background checks that the registered provider had completed when appointing a nurse and two care staff. We found that the registered provider had undertaken the necessary checks. These included checking with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. References had also been obtained from people who knew the applicants. These measures had helped to establish the applicants' previous good conduct and to ensure that they were suitable people to be employed in the service.

Suitable measures were in place to prevent and control infection. These included the manager assessing, reviewing and monitoring the provision that needed to be made to ensure that good standards of hygiene were maintained in the service. The accommodation had a fresh atmosphere. Soft furnishings, beds and bed linen had been kept in a hygienic condition. Nurses and care staff recognised the importance of preventing cross infection. They wore clean uniforms and regularly washed their hands using anti-bacterial soap. They also used disposable gloves and aprons when helping people with close personal care.

Good

Is the service effective?

Our findings

At our inspection on 16 August 2017 and 18 August 2017 we found that there was a breach of regulations because suitable arrangements had not always been made to obtain people's consent to the care and treatment they received in line with national guidance. In particular, the registered provider had not carefully established if people had the capacity to make important decisions about their care. As a result, suitable provision had not always been made to consult with relatives and healthcare professionals when a person lacked capacity to ensure that decisions were made in the person's best interests.

After the inspection the registered provider wrote to tell us that they had made all the improvements that were necessary to put right each of the shortfalls. They said that a more robust assessment tool had been introduced to establish when people lacked capacity. This was so that appropriate steps could more quickly be taken to ensure that the right people were consulted to make decisions in a person's best interests.

At this inspection we found that suitable provision had been made to ensure that people were fully protected by the safeguards contained in the Mental Capacity Act 2005. This law provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The law 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 make 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 legislation. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the legislation. Nearly all the people living in the service were able to make their own decisions. We noted that suitable arrangements had been made to obtain their consent to the care and treatment they received. This included the manager, nurses and care staff consulting with people, explaining information to them and seeking their informed consent. In addition to this, suitable arrangements had been made to respond appropriately when a person lacked mental capacity to make certain decisions. This included consulting with healthcare professionals and with relatives who knew the person well and so who could contribute to making decisions that were in their best interests.

The registered persons had correctly made the necessary applications for DoLS authorisations for three people who lived in the service. This was because they lacked mental capacity and their freedom was being restricted to keep them safe.

The registered provider had made suitable provision to obtain consent in line with national guidance and had met the breach of the regulation.

People told us that they were confident that care staff knew what they were doing and had their best

interests at heart. One of them remarked, "I get on very well with all of the staff here and they know what care I need and how I like it to be done." Relatives were also confident about this matter. One of them said, "I have no concerns at all. My mother isn't the easiest person to deal with but the staff know her and make it look so easy."

Robust arrangements were in place to assess people's needs and choices so that care was provided to achieve effective outcomes in line with national guidance. Records showed that the manager had carefully established what assistance each person needed before they moved into the service. This had been done to make sure that the service had the necessary facilities and resources. Records also showed that the initial assessments had suitably considered any additional provision that might need to be made to ensure that people's citizenship rights under the Equality Act 2010 were fully respected. An example of this was the manager carefully establishing if people had cultural or ethnic beliefs that affected how they wanted their care to be provided.

New nurses and care staff had received introductory training before they provided people with care. This included care staff completing the Care Certificate if the member of staff did not already have a recognised qualification. The Care Certificate is a nationally recognised system for ensuring that new care staff know how to care for people in the right way. Nurses and care staff had also received on-going refresher training to keep their knowledge and skills up to date. We found that nurses and care staff knew how to care for the people who lived in the service. This included supporting people who needed specialist nursing care to promote their continence and to safely manage specific healthcare conditions.

People told us that they enjoyed their meals. One of them remarked, "The meals here are very good and really I eat too much." Another person remarked, "It's mainly fresh food and it's of a very good quality." The menu showed that there was a choice of dish served at each meal time. The meals that we saw served at lunchtime were attractively presented and the portions were a reasonable size. The dining experience was relaxed as people chatted and went at their own pace. When necessary people received individual assistance if they experienced difficulties using cutlery.

Records showed that people had been offered the opportunity to have their body weight measured. This was so that any significant changes could be noted and referred to a healthcare professional. As a result of this, some people had been prescribed a food supplement that was designed to help them increase and/or maintain their weight.

Suitable arrangements had been made to ensure that people received effective and coordinated care when they were referred to or moved between services. This included nurses and care staff preparing written information likely to be useful to hospital staff when providing medical treatment. Another example of this was the registered provider giving the manager the resources they needed to arrange for people to be accompanied to hospital appointments if necessary. This was so that important information could be passed on to healthcare professionals.

People were supported to live healthier lives by receiving ongoing healthcare support. Records confirmed that people had received all the help they needed to see their doctor and other healthcare professionals such as dentists, opticians and dietitians. During the inspection visit we witnessed a nurse twice telephoning the local doctors' surgery to give up to date information about a person's changing healthcare needs. This information had then enabled the doctor to decide when they next needed to call to see their patient.

The accommodation was designed and adapted to meet people's needs and expectations. There was a stair lift that gave step-free access around the accommodation. There was sufficient communal space to enable

people to move about in safety and comfort. People had their own bedrooms that were laid out as bed sitting areas. There was a small patio area with seating if people wanted to spend time out of doors.

Good

Is the service caring?

Our findings

People were positive about the care they received. One of them said, "The staff are great and they just couldn't be more helpful." Another person remarked, "Yes, the staff are what makes this place. They're pleasant and relaxed and it makes you relaxed." Relatives were also confident about their family members receiving a caring service. One of them told us, "We looked around a few homes for my mum and immediately knew this was the one as soon as we walked over the door step. It didn't feel like being a care home, the staff made us welcome and they were genuinely interested in learning about my mum. I felt reassured and since then I know that I've made the right choice."

The registered provider had given care staff the resources they needed to ensure that people were treated with kindness and given emotional support when necessary. We witnessed a lot of positive conversations that promoted people's wellbeing. An example of this occurred when we saw a member of care staff sitting with a person in their bedroom and chatting with them. They both looked out of the window at the person's bird feeder and spoke about the different birds they could see.

Nurses and care staff were considerate and recognised that people benefited from being supported to personalise their home. We saw that each person had been encouraged to furnish and decorate their bedroom as they wished. Some people had brought items of furniture from home when they moved in and others had displayed pictures, photographs and ornaments.

Arrangements had been made to support people to express their views and make decisions about things that were important to them. Most people had family and friends who could assist them to express their preferences. Relatives told us that the manager had encouraged their involvement by liaising with them on a regular basis. One of them said, "The home is very good about keeping me up to date. They're not always bothering me but if there's a concern about mum or if she needs something then they're straight on the 'phone to me." The service had also developed links with local lay advocacy resources. Lay advocates are independent of the service and can support people to weigh up information, make decisions and communicate their wishes.

People's privacy, dignity and independence were respected and promoted. Nurses and care staff recognised the importance of not intruding into people's private space. Bedroom, bathroom and toilet doors could be secured when the rooms were in use. We also saw nurses and care staff knocking and waiting for permission before going into rooms that were in use. They also covered people up as much as possible when providing them with close personal care. We saw an example of this in a hallway when a care worker noticed that a person had inadvertently tucked their skirt into their undergarments. The member of staff quietly walked behind the person until they could discreetly rearrange their skirt.

People could spend time with relatives and with health and social care professionals in private if this was their wish. Nurse and care staff had assisted people to keep in touch with their relatives by post, telephone and visits.

Suitable arrangements had been made to ensure that private information was kept confidential. Written records that contained private information were stored securely when not in use. Computer records were password protected so that they could only be accessed by authorised members of staff.

Requires Improvement

Is the service responsive?

Our findings

People told us that nurses and care staff provided them with all the assistance they needed. One of them said, "The staff help me a lot with pretty much everything and they're nice about doing it so I don't feel like a burden." Relatives were also positive in their comments. One of them remarked, "I know my mum and I can see that she's very well cared for. Whenever I go to see her she's neat and clean as she would wish to be and she looks well in herself. I'd soon know if things weren't right." Another relative said, "Not only does my mother get good care but since she's moved into St John Home her health and mobility have improved beyond all recognition. That's down to the hard work of the nurses and carers for which they should be praised." However, we found that the service had not always provided care that was responsive to people's needs.

Although people told us that they received a lot of practical assistance from care staff, we found that suitable steps had not been taken to build upon this to ensure that people consistently received personalised care. This was because robust provision had not been made to enable people to make and review decisions about the care they wanted to receive. In particular, little had been done to meet the Accessible Information Standard that was introduced on 1 August 2016. This measure requires all providers of NHS care and publicly-funded adult social care to make suitable arrangements to support people who have information or communication needs relating to physical and/or sensory adaptive needs. It also includes people who live with dementia and who need to have information presented to them in an accessible manner using techniques such as large print and graphics.

Each person had a care plan and we were told that these documents were regularly updated to ensure that they accurately described the care people needed and had agreed to receive. However, the arrangements used in the service to engage people in reviewing the decisions they had made about their care were poorly developed. This was because in practice people's care plans were kept locked away and were only available for care staff to see. In addition to this, they were written in a formal management style and often presented information using technical terms and abbreviations. These were terms with which most people who lived in the service would not be familiar resulting in the information in question being inaccessible to them.

Furthermore, although records showed that the care plans had been regularly reviewed by the manager to keep them up to date, this process had not actively involved the people to whom the care plans related. We asked three people about their experience of contributing to decisions about the care they received. Each of them told us that they did not know that a care plan had been prepared on their behalf and was supposed to reflect the assistance they had agreed to receive. One of them remarked, "It might be nice I suppose to see it but I'm not that worried if I don't as the staff are so kind to me."

Although there was a written complaints procedure that described how people could raise concerns, this did not present information in an accessible way. This was because the print was very small. The manager accepted that in practice most people living in the service would not be able to read it. We asked three people if they had seen the complaints procedure. None of them could recall having done so and none were sure about how to go about making a complaint other than speaking with a member of staff.

We raised our concerns with the manager about these shortfalls. They assured us that they would take the steps necessary to address each of our concerns so that people received responsive care. This included people being given accessible information and being supported to use this to review decisions about their care and to be better able to make a complaint if necessary.

We recommend that when doing so, the registered provider consults national guidance about how information can be presented in the right way to people who live in the service.

The registered provider had prepared a policy and procedure for the manager to follow when responding to complaints. We found that these arrangements were well organised. We also noted that this guidance had enabled the one complaint received since our last inspection to be quickly resolved to the satisfaction of the complainant. Following the inspection, the provider informed us that the complaints procedure had been amended and printed in a larger and bolder font.

People were offered the opportunity to pursue their hobbies and interests and to enjoy taking part in a range of social activities. There was an activities coordinator who gave people individual support to enjoy activities such arts and crafts, word games, puzzles and reading the local newspaper. They also organised small groups for activities such as listening to music and gentle exercises. In addition to this, people were helped to celebrate seasonal events such as Christmas and occasional events such as royal weddings. People also told us that they had enjoyed a trip out just before out inspection when they had gone on a coastal drive and then had a cream tea on the seafront.

Nurses and care staff understood the importance of promoting equality and diversity. This included arrangements that could be made if people wished to meet their spiritual needs by religious observance. Nurses and care staff also recognised the importance of appropriately supporting people if they followed gay, lesbian, bisexual, transgender or intersex life-courses. This included being aware of how to help people to access social media sites that reflected and promoted their choices.

The registered provider had made suitable provision to support people at the end of their life to have a comfortable, dignified and pain-free death. This included consulting with people and liaising with their relatives to establish how best to support a person when they approached the end of their life. A part of this involved clarifying each person's wishes about the medical care they wanted to receive and whether they wanted to be admitted to hospital or stay at home.

Good

Is the service well-led?

Our findings

At our inspection on 16 August 2018 and 18 August 2017 we found that there was a breach of regulations. This was because the registered provider had not established robust systems and processes to monitor, assess and improve the service. This shortfall had resulted in the concerns we noted about the service's ability to consistently provide safe care and treatment. It had also contributed to insufficient provision being made to seek and obtain consent in line with national guidance.

After the inspection the registered provider wrote to tell us that they had made all of the improvements that were necessary to put right each of the shortfalls.

At the present inspection we found that suitable steps had been taken to address most of our concerns to enable the service to learn, innovate and ensure its sustainability. The manager and business manager had regularly completed quality checks to make sure that the service was running smoothly. These checks included making sure that care was being consistently provided in the right way, medicines were being dispensed in accordance with doctors' instructions and staff had the knowledge and skills they needed. However, further progress was still needed in that quality checks had not identified the need to fully implement the Accessible Information Standard. We spoke with the manager about this matter. They assured us that the arrangements used to assess and monitor the operation of the service would be further strengthened. This was so that developments in local and national best practice guidance could be more quickly noted, assessed and implemented in the service.

Nevertheless, the registered provider had made sufficient provision to monitor, assess and evaluate the service to enable the breach of the regulation to be met.

There was no registered manager in post and this had been the situation since 29 February 2018. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. However the provider had taken appropriate steps to arrange adequate management cover and had recruited a new manager.

People told us that they considered the service to be well run. One of them told us, "This place is ship-shape and runs well. The nurses and the carers know what they're doing and they work together." Another person told us, "The staff do their jobs but they're not miserable and they plainly like working here. That makes a big difference." Relatives were also consistently complimentary about the management of the service. One of them remarked, "The new manager is lovely and helpful as is the business manager. They've both been here a long time and they know the place inside out."

People who lived in the service and their relatives had been engaged and involved in suggesting improvements to St John Home. Records showed that they had been regularly invited to meet with the manager to suggest how their experience of using the service could be improved. We saw that suggestions

had been acted upon. An example of this was the sun lounge being redecorated after people had said how much they liked using this space because it provided extensive views across Whitstable and to the estuary beyond.

There were systems and processes in place to help nurses and care staff be clear about their responsibilities so that they could contribute to regulatory requirements being met. There was a nurse in charge of each shift and member of the senior management team was on call during out of office hours to give advice and assistance should it be needed. Nurses and care staff had been invited to attend regular staff meetings that were intended to develop their ability to work together as a team. This provision helped to ensure that care staff were suitably supported to care for people in the right way. Furthermore, nurses and care staff had been provided with written policies and procedures to give them additional guidance about their roles.

Nurses and care staff told us there was an explicit 'no tolerance approach' to any member of staff who did not treat people in the right way. As part of this they were confident that they could speak to the registered persons if they had any concerns about people not receiving safe care. They told us they were confident that any concerns they raised would be taken seriously so that action could quickly be taken to keep people safe.

The registered provider had notified us of events that had occurred within the service so that we knew about them and could check that appropriate actions had been taken to keep people safe. In addition to this, they were aware of the statutory duty of candour. This measure aims to ensure that registered providers are open, honest and transparent when untoward events occur. The manager told us that no incidents that had occurred in the service met the threshold for the duty of candour.

It is a legal requirement that a registered provider's latest Care Quality Commission inspection report rating is displayed in the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed about our judgements. We found the registered provider had conspicuously displayed their rating on a notice board in the service and had also displayed the service's rating on their website.

The service worked in partnership with other agencies to enable people to receive 'joined-up' care. This included operating efficient systems to manage vacancies in the service. The registered provider and manager carefully anticipated when a vacancy might occur so that they could make the necessary arrangements for a new person to quickly be offered the opportunity to receive care in the service.