

St. John Ambulance

# St. John Home

## Inspection report

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18 August 2017

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This unannounced inspection took place on 16 August 2017. We returned to the service to finish the inspection on 18 August 2017.

The St. John Home is owned by St John's Ambulance. It has a charitable status and therefore is non-profit making. Accommodation is over two floors with a stair lift to the first floor. The service provides residential and nursing care with accommodation for up to 18 older people.

There was a registered manager working at the service. 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 and associated Regulations about how the service is run. The registered manager had been in post since March 2017. As the service is a nursing home there is always at least one registered nurse on duty 24 hours a day.

Some risks had been identified to people's health and welfare but full guidance to make sure all staff knew what action to take to keep people safe and manage risks was not always available. For example, when people were at risk of falling, or not drinking enough, or when their skin was at risk of breaking down the risk assessment did not contain the information needed to make sure risks were mitigated. This left people at risk of not receiving the support they needed to keep them as safe as possible. Accidents and incidents had been recorded but there was no analysis or oversight of the accidents and incidents. Triggers, patterns and interventions had not been identified to try and reduce the risk of re-occurrence.

The registered manager and staff carried out environmental and health and safety checks to ensure that the environment was safe and that equipment was in good working order, however some checks and audits had not been completed. When shortfalls had been identified, action had not been taken to reduce risks and make improvements. When the water temperatures were recorded as exceeding the recommended limits action had not been taken to make sure they were safe. The provider had sought feedback from people but had not analysed the results. They had not asked relatives, staff and other stakeholders for their views so that improvements could be made.

People, staff and relatives told us that the service was well led and that the registered manager was supportive and approachable. However, the registered manager did not have full oversight and scrutiny of the service. They were not effectively supported by the provider's systems and processes. The registered manager was developing a culture of openness and transparency within the service.

Emergency plans were in place so if an emergency happened, like a fire, staff should know what action to take. Not everyone's personal evacuation emergency plans (PEEPS) contained all the information to explain what individual support people needed to leave the building safely. Regular fire drills had not taken place. During the inspection we contacted the fire officer to tell them of our concerns. A fire safety company had

recently visited the service and remedial work had been undertaken on the emergency lighting and extra smoke detectors had been fitted.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. The registered manager was not fully aware of a judicial review which widened and clarified the definition of a deprivation of liberty. The registered manager and staff had a lack of understanding about their responsibilities under the Mental Capacity Act 2005 and DoLS. Mental capacity assessments had not been consistently completed by the staff to decide whether or not people were able to make decisions themselves. At the time of the inspection the registered manager had not applied for DoLS for people who may need them. When people did not have the capacity to make complex decisions, they were supported by relatives, doctors and other specialists involved in their care and treatment to make a decision that was in their best interest.

People received their medicines safely and when they needed them and they were monitored for any side effects. On occasions medicine practices were not as safe as they could be. When people received medicines on a 'when required' basis there was no guidance in place to make sure they received it consistently and safely. There were no guidance to explain to staff where to apply creams and sprays to people's skin.

The complaints procedure that was available to people and others was not relevant to St John Home and the type of service they provided. People and their relatives did know how and who to complain to. They felt they would be listened to and action would be taken to resolve their complaint should they have any complaint. People felt safe using the service and were protected from the risk of abuse. Staff knew the possible signs of abuse and how to alert the registered manager or the local authority

Before people decided to move into the service their support needs were assessed to make sure the service would be able to offer them the care that they needed. People and their relatives said that they were satisfied and happy with the care and support they received. The registered manager and staff were in the process of reviewing and updating care plans. Some care plans contained the detail needed to show how all aspects of people's care was being provided in the way they preferred. Other care plans needed further personalised information to ensure that people received consistent care and treatment in the way they preferred.

Everyone had an allocated key worker. Key workers were members of staff who took a key role in co-ordinating a person's care and support and promoted continuity of support between the staff team.

There were activities provided for people. People said they would like to do more. They told us they sometimes got a bit bored. The registered manager was in the process of developing more activities for people and had recently appointed a member of staff to organise different and varied activities for people.

People were supported to have a nutritious diet. Their nutritional needs were monitored and appropriate referrals were made to specialist teams such as dieticians when it was necessary. The staff were effective in monitoring people's health needs and sought professional advice when it was required. If people were unwell or their health was deteriorating the staff contacted their doctors or specialist services.

Staff understood people's specific needs and had good relationships with them. Most of the time people were settled, happy and contented. Throughout the inspection people were treated with dignity and kindness. People's privacy was respected and they were able to make choices about their day to day lives. Staff were respectful and caring when they were supporting people. When people became anxious staff took time to sit and talk with them until they became settled. People's confidentiality was respected and their

records were stored securely.

Staff were familiar with people's life stories and were very knowledgeable about people's likes, dislikes, preferences and care needs. They approached people using a calm, friendly manner which people responded to positively.

New staff received a comprehensive induction, which included shadowing more senior staff. Staff had regular training and additional specialist training to make sure that they had the right knowledge and skills to meet people's needs effectively. Staff said they could go to the registered manager and they would be listened to. Staff fully understood their roles and responsibilities as well as the values of the service.

A system to recruit new staff was in place. This made sure that the staff employed to support people were fit to do so. There were sufficient numbers of staff on duty throughout the day and night to make sure people were safe and received the care and support that they needed.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The register manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the hallway.

## 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 consistently safe.

Risks to people were assessed but there was not always clear guidance in the care plans to make sure all staff knew what action to take to keep people as safe as possible.

Not all safety checks of the environment had been completed. When short falls had been identified action was not taken.

On the whole people's medicines were managed as safely as they could be. Improvements were needed when giving people medicines on a 'when required' basis.

There were sufficient staff on duty to make sure people received the care they needed. Staff were recruited safely.

Staff knew the signs of abuse and had received training to ensure people were protected from harm.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective

Mental Capacity assessments had not been completed and the registered manager had not applied for Deprivation of Liberty Safeguard authorisations when people, who lacked capacity to consent, had their liberty restricted, as required by law.

Staff felt well supported by the registered manager but had not received regular one to one meetings. The registered manager was in the process of completing annual appraisals.

Staff received induction training and on-going training in relation to their role.

Staff sought advice from health care professionals if people's health needs changed.

People were supported to eat and drink safely and received a healthy and nutritious diet.

**Requires Improvement** ●

**Is the service caring?**

The service was caring.

People were treated with respect and dignity, and staff were helpful and caring. Staff communicated with people in a caring and compassionate way.

People were able discuss any concerns regarding their care and support. Staff knew people well and knew how they preferred to be supported. People's privacy and dignity was respected.

People were involved in making decisions about their care and support.

**Is the service responsive?**

The service was not consistently responsive.

There was a complaints procedure in place but it was not relevant to a care home service. People and their relatives knew how to complain and said they would be listened to.

People's needs were assessed and this information formed part of the care plan. The care plans were in the process of being reviewed and updated, some plans needed more detailed guidance. People were supported to do activities they enjoyed but wanted the opportunity to do more.

People were supported to make decisions about their care and support.

**Requires Improvement ●****Is the service well-led?**

The service was not consistently well –led.

Systems for monitoring the quality of care provided were not effective.

Shortfalls had not been identified and some checks and audits had not been carried out.

Accidents and incidents were recorded, but these were not analysed to look for patterns or trends to reduce the risk of reoccurrence.

The staff were aware of the service's ethos for caring for people as individuals and putting people first. The registered manager led and supported the staff in providing compassionate and sensitive care for people, and was developing a culture of

**Requires Improvement ●**

openness and transparency.

People said they felt listened to but the views of others involved with the service were not sought to drive improvements.

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# 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 provider is meeting 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.

The first day of the inspection took place on 16 August 2017 and was unannounced. The second day was on 18 August 2017 and was announced. The inspection team consisted of an inspector and 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 this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports and notifications received by CQC. A notification is information about important events which the provider is required to tell us about by law, like a death or a serious injury.

We spoke with 12 people living at the service and three of their relatives. We also spoke with three nursing staff and three care staff. We also had conversations with the registered manager, Community Manager, and the National Care Manager. Before and following the inspection we spoke with two visiting professional who had contact with the service.

Conversations took place with people in their own rooms, and in the lounge areas. We observed the lunch time meal and observed how staff spoke and interacted with people. Some people were not able to explain their experiences of living at the service to us due to their dementia. We used the Short Observational Framework for Inspection which is a way of observing care to help us understand the experience of people who could not talk with us. During our inspection we observed how the staff spoke with and engaged with people and their visiting relatives. We looked at how people were supported throughout the day with their daily routines and activities

We reviewed four care plans of the people living at the service, and looked at a range of other records,

including safety checks, records kept for people's medicines, staff files and records about how the quality of the service was managed.

This service has been inspected before, the last inspection was March 2015. In March 2017 the service's registration was transferred within the same charity. St John Ambulance is the operational subsidiary of the Priory of England and the Islands of the Order of St John. This change was mainly an administrative change .

# Is the service safe?

## Our findings

People said, "I am happy living here. It is my home and I am now safe". "The trouble was I kept having falls when I was at home, for no apparent reason, and I haven't had a single one since living here for the last year as it is equipped properly and they make sure we are safe" and "I didn't really feel safe on my own anymore so moving here was a relief not just for me but for my family as well, knowing I am safe and cared for now twenty four hours a day".

Risks to people had been identified and assessed but guidelines to reduce risks were not always available or were not clear. Some people were at risk of falling over when they went from one area in the service to another and had fallen. No action had been taken to try and prevent the falls like using alarm mats or sensors to alert staff when people at risk started to mobilise.

Some people were at risk of choking or aspirating when they ate. There was guidance in place that people's food and drinks needed to be pureed or thickened. The risk assessment gave no further information about whether the person needed support to eat or if staff needed to stay them when they ate. There was no instruction to say what to do for each individual if they did start to choke or aspirate.

When people had behaviour that could be challenging at times there was no guidance or direction in place about what staff should do to keep the risks to a minimum. When people were at risk of not drinking enough there was guidance in place about how much they should drink daily but staff were not monitoring their fluid intake to make sure they were drinking enough.

There were risk assessments in place for bed rails that stated they needed to be checked daily. There was no record that this had been done. Some people had a special mattress in place to protect their skin from becoming sore. Regular checks were not carried out to make sure the mattresses were at the correct settings and that they were working effectively. Some people required special equipment to help them move safely like hoists and slings. The registered manager and staff said they visually checked the equipment before they were used but there was no record of this. At the time of the inspection there was no evidence that people had experienced any injury due to equipment that was not working correctly. Most of the experienced staff were able to say what they would do to make sure these risks were kept to a minimum but there were new staff and agency staff working at the service. There was a risk that staff may not take the correct action as they did not have the necessary information to give them guidance and direction.

Care and treatment was not provided in a safe way for people because the provider did not have sufficient guidance for staff to follow to show how risks to people were mitigated. This is a breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The staff carried out regular health and safety checks of the environment. This helped to make sure that people lived in a safe environment. Regular maintenance checks were made on systems like the electrics and gas supply. The hoists which were used to support people to mobilise had been serviced six monthly to make sure they were in good working order. The building was fitted with fire detection and alarm systems.

Regular checks were carried out on the fire alarms and other fire equipment to make sure it was working. The checks for the fire alarms were done weekly and other fire checks were completed monthly. People had a personal emergency evacuation plan (PEEP). A PEEP sets out the specific physical and communication requirements that each person has to ensure they can be safely evacuated from the service in the event of an emergency. The PEEPS required more specific detailed personal information about how each person needed to be supported in the event of an emergency and what support they would need to evacuate the building safely.

There was supposed to be regular fire drills held at the service so people and staff knew how to leave the building safely. The registered manager was unable to tell us when the last fire drill took place.

There was a risk that staff and people may not have practised the safest action to take in the event of a fire. Staff we spoke with gave us information about what they would do in the event of a fire. During the inspection we contacted the local fire officer who was going to arrange a visit to the service.

The temperature of the water in bathrooms was checked monthly to make sure the hot water was within a safe temperature. The water temperature in the downstairs bathroom was recorded as exceeding the recommended limit of 43 degrees centigrade. Although this had been recorded it had not been reported to the registered manager and no action had been taken. The water temperature of people's bedroom sinks had not been checked. We also found that there were exposed pipes in some people's bedrooms that posed a risk of burns if their skin came into contact with the pipes. When these issues were pointed out to the registered manager they contacted a local trade's person and an immediate visit was arranged. The trade's person arrived at the premises during our visit. The registered manager informed us later in the day that the local trade's person found the water in every sink was too hot. These were immediately adjusted to a safe temperature. The water temperature in the downstairs bathroom could not be adjusted so the risk was reduced by disconnecting the hot tap. In the meantime people would use another bathroom. The maintenance person was going to cover the exposed hot pipes to keep people safe. We will follow this up.

The registered person had failed to make sure that all aspects of the premises were safe for people to use. This is a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People said "I take my own medicines and they are all brought to me at 6am. It is all done very professionally" and "All our medicines are brought to us just at the right time every day and we just do not have to worry about a thing they do the worrying for us just to make sure we get the correct medicines".

Medicines were given to people at their preferred times and in line with the doctor's prescription. Staff observed that people had taken their medicines. Medicines were recorded on medicines administration records (MAR). Records included a photograph of the person to confirm their identity,

Medicines were stored in two locked trolleys. The medicines trolleys were clean and tidy, and were not overstocked. There was evidence of stock rotation to ensure that medicines did not go out of date. Bottles of medicines were dated when they were opened so staff were aware that these items had a shorter shelf life than other medicines, and this enabled them to check when they were going out of date. When staff gave people their medicines they signed the medicines administration records. The medicines given to people were accurately recorded. Some items needed storage in a medicines fridge. The fridge and trolley temperatures were checked daily to ensure medicines were stored at the correct temperatures. Some medicines required special storage and closer monitoring and these were handled and stored in line with legal requirements.

Some people were prescribed 'as and when' medicines like pain relief. People told us that they were asked if they needed pain relief and received medicine when they needed it. There was no detailed guidance for staff about how and when to give these medicines. Other people needed special creams and sprays applied to their skin to keep it healthy and to protect it from becoming sore. There was no instruction to where the creams and sprays needed to be applied safely. Staff we spoke with were able to tell us when they gave people their pain relief and where and how they would apply creams and sprays. However, there was a risk that people would not receive their medicines and have creams applied consistently. On the second day of the inspection the registered manager had introduced body maps to inform staff where to apply the creams and sprays.

People told us, "If I ever feel worried or just nervous about anything I am quickly reassured by the girls on duty and that is an amazing thing to have". "I know that help is never far away and that they will get to me post haste if needs be, that has to make me feel safe doesn't it?" and "If I am worried I know exactly who to turn to, but actually anyone would be able to help and they are wonderful without fail".

Staff knew people well and were able to recognise signs if people were upset or unhappy. Staff explained how they would recognise and report abuse. The provider had a safeguarding team within the organisation and staff could contact them at any time. Staff were aware of this provision and said they would use it. Staff had received training on how to keep people safe. They told us they would report any concerns to the registered manager or whoever was in charge and were confident that appropriate action would be taken. They were aware of whom to report abuse to outside of the service such as the police or local safeguarding authority. Staff told us they would not hesitate to report any poor practice that they observed to the registered manager and were aware that staff would be protected under the whistle blowing policy.

People were protected from financial abuse. There were systems in place to manage people's finances. This included a record of all monies spent and received together with receipts for any purchases.

The provider had a recruitment policy and disciplinary processes which were followed. Recruitment checks were completed to make sure staff were honest, trustworthy and reliable and safe to work with people. Information had been requested about staff's employment history. Any gaps in people's employment history were discussed and recorded at interview. Written references were obtained and verified and included the most recent employer. Prospective staff completed a health questionnaire and provided photographic ID and proof of identity in line with guidance. Each person had a contract and a job description. Disclosure and Barring Service (DBS) criminal records checks had been completed for all staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Nurse Personal Identification Numbers (PIN) were checked to make sure nurses were registered with the Nursing and Midwifery Council (NMC). These were regularly checked to make sure the PIN was active. Nurses understood the importance of the revalidation process. (This was a new process that nurses in the UK need to follow to maintain their registration with the NMC).

People said that staff came quickly if they needed them. They said that they were not rushed and staff often spent time chatting and doing extra little things, like helping people to tidy their cupboards. Staff said there was enough of them to look after people in the way they preferred and suited them best.

Staffing levels were regularly monitored and assessed by the registered manager to ensure there were enough staff, with the right skills, on each shift to meet people's needs and keep them safe. There were arrangements to cover unexpected shortfalls, such as sickness. Staff normally covered for each other if there

were shortfalls. The registered manager used an agency when additional nurses or care staff were needed. The registered manager often covered the shortfalls herself. There were enough staff on duty to meet people's needs and keep them safe. The duty rotas showed there were consistent numbers of staff throughout the day and night. During the inspection staff were not rushed and had time to spend with people. Catering, housekeeping and maintenance staff were employed by the provider so staff could concentrate on providing care and support.

## Is the service effective?

### Our findings

People who were able told us "I like to do things for myself so I am always involved with any decision that needs to be made about my care and I jolly well make up my own mind"

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 people 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application 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 MCA. The provider had not followed the principles of the MCA. People had not had their mental capacity assessed

The registered manager had some knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Some staff had some knowledge of and had completed training in the MCA and DoLS. However the principles of the MCA and DoLS were not fully implemented.

Some of the people at the service were able to make their own decisions on a daily basis however others were not. The registered manager had informally considered people's mental capacity to make day to day decisions but there was limited information recorded about this. People were asked to sign a document to say they consented to the care and support they received on a daily basis but there were no mental capacity assessments in place for people to determine whether people had capacity or not to make these decisions. When people lacked capacity to give consent for their care and treatment there were no mental capacity assessments available and no best interest decision record to show that decisions had been made in the person's best interest. However, when people's behaviour changed and there were changes made to their medicines or other areas of their life these decisions were made by the right clinical specialists and relatives with input from the staff.

Some people were subject to constant supervision by staff due to their needs. Some of these people lacked capacity to consent to this constant supervision. The MCA requires providers to submit DoLS applications to a 'Supervisory Body' for authority to impose restrictions. We discussed with the registered manager whether referrals had been made where people lacked capacity and were subject to continuous staff supervision. Applications had not been made to the local authority for DoLS authorisations.

The registered manager agreed that this was a shortfall and that improvements were needed. The registered manager informed us that since the inspection further MCA and DoLS training has been sourced and booked and will take place on 8 September 2017.

The registered persons had not protected people from improper treatment. Decisions about care, support and treatment had not been made in line with the legislation. The registered persons had not acted in

accordance within the legal requirements of the MCA and DoLS This is a breach of Regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff asked people what they wanted to do during the day and supported people to make any arrangements. Staff explained how they gave people choices each day, such as what they wanted to wear or eat, where they wanted to spend their time and what they wanted to do. Some people like to sit in the communal areas and others preferred to stay in their bedrooms, others liked to join in the activities and some enjoyed sitting and watching what was going on. This was respected by the staff.

Staff told us that they did feel supported by the registered manager. They told us that the registered manager was approachable and available if they needed additional guidance or assistance. A new staff member said they felt supported and enjoyed getting to know people using the service. They said, "I enjoy working here, the staff are friendly and it is a good place to work". Staff said they were listened to and were given the support and help that they needed on a daily basis.

The registered manager told us that not all staff had received an annual appraisal but they had completed about half of the staff appraisals. Although staff told us they felt supported by the registered manager they were not receiving regular supervision to discuss any concerns or training needs to do their jobs effectively and safely.

We recommend that the provider follow their policy for supporting and supervising staff.

Nurses received clinical supervision from the registered manager. The purpose of clinical supervision was to provide a safe environment for staff to reflect on and discuss their work and their personal and professional responses to their work. The focus was on supporting staff in their personal and professional development and reflecting on their practice. The clinical professional checked and recorded nurse's competency in areas, such as, wound management, medicines management and verifying expected deaths. The registered manager worked alongside the nurses which gave them the opportunity to observe their clinical practises. The registered manager oversaw the registered nurses revalidation. Revalidation is the process that all nurses and midwives in the UK need to follow to maintain their registration with the Nursing and Midwifery Council (NMC). Revalidation demonstrated that nurse or midwife are practising safely and effectively.

The registered nurses had recently been on a two day training course to give them the knowledge and skills to undertake effective supervision for the team of care staff and these were being organised. The registered manager was organising supervision sessions for the registered nurses.

New staff had completed an induction when they started work at the service to help them understand their roles and responsibilities. They also shadowed experienced staff to gain the skills and knowledge to support people with their individual routines. A new member of staff told us they thought the induction was thorough and that they were not allowed to do anything on their own until they had been checked as competent.

Staff said that they got the training they needed and if they felt they needed any extra training this was provided. A staff member said, "If we have any areas of interest like wound care or nutrition we can source the training and go on it. They let us do whatever study days we like".

People and their relatives thought all the staff were well trained and had the knowledge and skills to meet all their needs. People said "The staff all know exactly what they are doing and are very experienced to be able to help with all our various needs and ailments or whatever we throw at them" and "I am most satisfied

that all the staff are proficiently trained and absolutely know what they are doing all the time" A relative said, "I visit three times a week and honestly think that the service is amazing it works so well because they all know what they are doing and what needs doing"

The training programme was a mixture of on line training and face to face training. The registered manager kept a training record which showed when training had been undertaken and when 'refresher training' was due. Staff were encouraged to complete additional training to aid their personal development. For example, staff were supported to complete vocational qualifications. Vocational qualifications are work based awards that are achieved through assessment and training. To achieve vocational qualifications staff must prove they have the ability (competence) to carry out their role to the required standard.

Staff communicated effectively with people and each other. A handover was completed between shifts. Information about changes in people's needs was then communicated to the staff to make sure they were up to date.

Relatives said they were always informed if their loved one was unwell and if they needed a visit from the doctor. People's health was monitored and when it was necessary other health care professionals were involved to make sure people were supported to remain as healthy as possible. The staff did not work in isolation and contacted other agencies when needed. When people had problems eating and drinking they were referred to dieticians, if they had problems swallowing they were seen by the speech and language therapist. If a person was unwell their doctor was contacted. Staff closely monitored people's health and wellbeing in line with recommendations from healthcare professionals.

People were pleased with the food and the menus served and said that there was a good choice of food. People said, "The food is wonderful, fresh, appetising and plentiful. There is always a good choice and it doesn't get repetitive". "We always have plenty to eat and drink and would never ever go hungry or thirsty" and "Breakfast is lovely, I put on so much weight when I moved here.

The lunch time meal was relaxed and was a social occasion. The menu was displayed in the dining area and people had a choice about what and where they ate. Most people preferred to have their meals in their own rooms but some people choose to eat in the dining area. There was a choice of two dishes and people were supported each day to choose their preference. People who did not like the choices were offered an alternative. Softened or fortified foods were provided where necessary. The meals were well presented with ample portions. Staff were sensitive and discreet when they supported people to eat. They supported people to eat at their own pace and enjoy the meal. Staff sat with people and chatted to them and positively encouraged them to eat. Eating aids, such as adapted plates and cutlery were provided to people who needed them. This helped them to eat independently, also promoting their dignity.

Staff monitored people's weight to ensure it remained stable. If people were at risk of not eating or drinking enough their dietary intake was monitored and they were referred to their doctor or the dietician. When people were losing weight they were encouraged to have supplement food and drinks. Choices of hot and cold drinks were given throughout the day and people were encouraged to drink to make sure they remained hydrated.

## Is the service caring?

### Our findings

People told us that staff treated them with kindness and respect. There was a relaxed warm and caring relationship between staff and people.

People told us, "The staff are all incredibly caring without exception even if we are having a bad mood day". "They will always go that little bit further for me and will never rush me but if I am feeling a bit low will sit and have a chat to cheer me up and this in my books is what caring is about" "My family all helped me when I moved in here and insured that there was the right care put in place for me but they knew what care was needed here straight away and I haven't looked back". "I lived alone and had no family to help me but immediately everyone made me feel welcome and like they were my family and they are now as close as I will ever get now" and "The staff are amazing, they treat me like a person, a human being with feelings and a life".

Staff knew people well and had built up strong relationships with them. A person said "I honestly do not think that I could ask for more with the staff here, they all know us by name and they will do anything they can to make us feel happy and at home, they will go out of their way to let us know we are cared for". There was information in people's care plans about their families and their personal histories so staff were able to talk to them about their lives when they moved in. This helped staff get to know people and build up relationships with them. The staff team knew people well and knew how they liked to receive their care and support. Staff were attentive and anticipated the needs of people when they could not say what they wanted or needed. People and staff got on well together. People told us and indicated that the staff looked after them well and the staff knew what to do to make sure they got everything that they needed. The staff had knowledge of people's medical, physical and social needs. Staff were able to tell us about how they cared for each person to ensure they received individual care and support.

The staff and people chatted together and with each other. The interaction between people and staff was positive, caring and inclusive. Staff consistently took care to ask permission before intervening or assisting. They explained to people what they were going to do. There was a lot of engagement between people and staff. People, when possible, were able to express their needs and received the care and support that they wanted in the way they preferred. When people were unable to communicate fully using speech, staff were able to interpret what they needed from their body language and behaviours. People said, "There is not a single person who hasn't been caring, kind, respectful, helpful and welcoming".

Staff explained things gently and clearly to people. Staff changed their approach to meet people's specific needs. People were aware of what was being said and were involved in conversations with staff. Staff gave people the time to say what they wanted and responded to their requests. Staff responded quickly to people when they asked for something.

Staff greeted people as they went about their duties, such as "Good morning, how are you, do you need anything". Staff were 'warm' and 'affectionate' towards people. They held people's hands to offer them comfort and support. Staff guided people sensitively and kindly to areas of the service they wanted to go to.

People responded positively to these interactions and were smiling and relaxed in the company of staff.

There was a relaxed and friendly atmosphere at the service. People looked very comfortable with the staff that supported them. People chatted and socialised with each other and with staff and looked at ease. The registered manager and staff, had an in depth knowledge of people. All staff spoke about respecting people's rights and supporting people to maintain their independence and make choices Staff encouraged and supported people in a kind way to be as independent as possible.

Throughout the inspection exchanges between people and staff were caring and professional. Staff explained things to people and took time to answer peoples' questions. One person told us: "You can talk with any staff, they always listen, they always have time for me."

Staff respected people's privacy and knocked on people's doors and waited to be invited in. Staff discreetly asked people about what they needed. Everyone said their privacy was always respected.

Staff had knowledge of people's needs, likes and dislikes. People were called by their preferred names. People's bedrooms were small but were personalised with pictures and items that were of importance to them. One person said, "I like my room it is very nice". People were supported to go to their rooms when they wanted to and were monitored by staff to make sure they were safe.

People were supported to stay in touch with their friends and relatives and visitors were always welcome at the service. Relatives told us that they were able to visit whenever they wished and that staff kept them informed of any changes to their loved one's care. One relative told us, "The staff are always pleased to see me. They make me feel very welcome".

People's information was treated confidentially. Personal records were stored securely. Staff had a good understanding of privacy and confidentiality.

## Is the service responsive?

### Our findings

People said they were able to discuss what care and support they needed. People had a wide range of needs. Some people's mental and physical conditions were more complex than others.

People said, "When I'm having a shower I can do most of it but the carer will stand and talk to me and then helps me with my back and will do anything that I can't, now that is caring isn't it?" and "I am involved with all aspects of my care and it's planning every step of the way and I cannot complain one bit about the way that it is organised and implemented".

Each person had a care plan. These were written to give staff the guidance and information they needed to look after the person in the way that suited them best. The registered manager was aware that some of the care plans were not adequate. The information and guidance in the care plans varied. The registered manager and staff were in the process of reviewing and updating the care plans but had not completed the process. Some parts of the care plans contained clear directions and guidance for staff on how to care and support people safely and effectively and in the way that suited them best. They gave staff the guidance they needed to communicate with people. The care plans explained how people liked their personal care delivered and stated what people could do for themselves and when they needed support.

There was some information about how to keep people's skin healthy but the plans did not give specific guidance for staff on where to apply creams and spray to protect their skin. When people sometimes experienced pain the care plans did not give guidance on when and why pain relief needed to be given. When people exhibited behaviours that could be challenging there was no guidance in place to tell staff exactly what they needed to do to manage the behaviours. There was limited detail about what triggers might lead to a person becoming distressed. There was no information about the early signs to look for or what action the staff needed to take to support the person in a way that suited them best.

People had two different care files. Care plans were kept in one file and risk assessments were in another file. It was difficult to find and link information and guidance together. The registered manager had recognised this as an issue and planned to streamline the care plans and bring all the information together. There was a risk that people may receive inconsistent care and treatment.

There was risk that people receive inconsistent care and support as care records contained a lack of guidance and direction for staff. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's needs were assessed before they came to stay at the service. The registered manager carried out a pre-admission assessment before people were admitted to the service, this was to make sure St. John Home could meet all their nursing and care needs. People said that they were involved in planning their own care. They told us that they talked with staff about the care and support they wanted and how they preferred to have things done. There was information about people's previous lifestyles, backgrounds and family life. It also included their hobbies, and interests, as well as their health concerns and medical needs. These helped

staff to understand about people and the lives that they had before they came to live at St John Home.

The registered manager had recently introduced a key worker system. Each person had a key worker. This was a member of the care team who took responsibility for a person's care to maintain continuity and for the person to have a named member of staff they could refer to. Key workers supported people to tidying their cupboards and write letters to friends and family. Key workers were also responsible for reviewing and updating people's care plans. People knew who their key worker was. One person said, "I have what is called a key worker and we do discuss my care, because of my problems I need a little bit more than some".

Some people said they would like to do more activities within the service and in the local area. Other people were satisfied with the amount of activities they did.

The registered manager had recently appointed an existing member of the staff team to organise individual and group activities for people. People enjoyed one to one time and the activities person. The activities person spent time with people reminiscing, doing pampering sessions, letter writing. They also took people out to visit relatives. Other people enjoyed doing activities like art or watching their favourite DVD's.

People said, "I don't have time to get bored as I have my visitors, my train books and I can always go downstairs" and "We do have very good entertainment I think that there is a magic show this afternoon which will keep us amused and out of mischief" and "I don't feel lonely now but I did when I was at home. Now there is always a cheery face waking me up and bringing me tea and bringing me biscuits and having a nice chat".

Some people had lap-tops and electronic tablets that they used to communicate with their family and friends. One person told us how they spoke to their son twice a week using their lap-top.

The provider had a complaints procedure in place and copies were kept in the hallway. The complaints procedure was not relevant to a nursing home but more to the provider's other types of services. The complaints procedure was not written in a format that was suitable for people living with dementia and had no relevance to the people living at St. Johns Home.

We recommend that the provider needs a complaints policy and procedure that is relevant to the service being provided.

People and their relatives were able to say what they would do if they had a complaint. They felt that their concerns would be listened to and acted on. They said they would not be afraid to complain if the need arose. People said, "You won't get many complaints from any of us but it would be dealt with post haste if we did I can assure you" and "I did complain about my glasses going missing but then they found them under my bed pretty quickly" and "We could talk to any one of the girls and I know (the manager) would always be able to help if I needed it".

## Is the service well-led?

### Our findings

There were times when the provider was reactive rather than proactive. The way the service was managed did not always identify risks, and did not have strategies to minimise the risks to make sure the service ran safely and smoothly.

The quality assurance systems and processes in place were not robust or established and did not operate effectively to ensure all risks to people were reduced to ensure that a good quality service was provided. People's care plans and associated risk assessments had not been audited therefore the shortfalls found at the inspection had not been identified. People who were at risk of developing pressure areas had pressure relieving equipment in place, such as mattresses and cushions. Although people did not have any pressure sores, there was no regular safety audit in place to ensure that this equipment was set at the correct weight for each individual and to ensure they were working effectively.

Audits had not identified that fire drills had not taken place or that staff had not received formal supervision. When some safety checks identified concerns no action had been taken. Checks had identified that water temperatures were too high, placing people at risk of scalding but no action had been taken. No audit had been undertaken on the water temperature checks to make sure action had been taken. The provider had not identified that there were exposed pipes in people's bedrooms, which, when the heating was on may pose a risk of burning if people's skin came in contact with them. Audits and checks had not identified that mental capacity assessments had not been completed and that DoLS applications had not been made when they should be. The registered persons were not acting within the law as the proper procedures had not been followed.

The registered manager had been in post since March 2017 and at the time of the visit had not identified all the shortfalls found during the inspection. They did not have the required overall scrutiny and oversight of the service. There had been recent visit in June 2017 by the Kent Social Services commissioning department and they had identified shortfalls and had given the registered manager an improvement plan to address issues, for example, special mattresses needed to be checked more often and mental capacity assessments to be completed. At the time of the CQC inspection these shortfalls had not been addressed.

St John Home was the provider's only nursing service nationwide and the provider did not have the systems in place to effectively support and monitor to make sure shortfalls were identified and improvements made. There had been a visit by the provider's assurance and quality manager in June 2017 but this visit had not identified shortfalls found at the inspection. The registered manager's line manager was based in Newcastle so face to face support was very limited.

When we looked at the duty rota we found that the registered manager had been covering shifts as the registered nurse on duty and working directly with people and the staff team. To do this on occasions would be beneficial for people and the staff as the registered manager would be monitoring, mentoring and acquiring oversight of what was happening. However, the amount of times the registered manager was covering shifts had impacted on their time and responsibilities to carry out the register manager role

effectively.

The provider sent out satisfaction surveys to people to gain their views about the quality of the service provided. These were sent to head office to be analysed. The provider had not reported to people or the registered manager the outcome of the analysis. Therefore what the service does well and areas for improvement were not known and reported and action to make improvements was not taken. The registered persons were in the process of developing a questionnaire for relatives but at the time of the inspection these had not been implemented. The provider had not requested feedback from staff and other stakeholders like specialists or doctors. Staff told us they had not been formally asked their opinions about the service but they did feel that they had the opportunity at staff meetings to discuss with the registered manager what was going well and where the service could improve. They said their views were listened too.

The registered persons had failed to identify the shortfalls at the service through regular effective auditing. Systems and processes were not established and not operated effectively to assess, monitor and improve the service. Records were not all accurate and up to date. This was a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People, relatives and staff spoke highly of the registered manager. People said, "The manager is a lovely girl and does like to sit and have a chat with me when she can spare the time" and "It all works very well here, I have no reason to call for the manager but we usually have a chat anyway".

People were comfortable and at ease with the staff and the registered manager. Staff and people told us they felt supported by the registered manager. There was good communication between staff and registered manager. The registered manager was developing a more open and transparent service. The nurses had been given more responsibilities and were being encouraged to be more autonomous and accountable. They were encouraged to take the lead in specific areas like skin and wound care and nutrition. There were regular staff meetings and handovers at each shift to ensure that everyone had up to date information about people and about changes to people's care and treatment. People and their relatives were invited to regular meetings when issues like, changes to the environment, menus and keyworkers were discussed. The registered manager knew there was work to do to bring the service up to working within best practice guidelines and was putting plans in place to prioritise the improvements needed to meet the regulations.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner and in line with guidance.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the hallway.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not provided in a safe way for people because the provider did not have sufficient guidance for staff to follow to show how risks to people were mitigated.</p> <p>The registered person had failed to make sure that all aspects of the premises were safe for people to use.</p> <p>This is a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The registered persons had not protected people from improper treatment. Decisions about care, support and treatment had not been made in line with the legislation. The registered persons had not acted in accordance within the legal requirements of the MCA and DoLS.</p> <p>This is a breach of Regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

There was risk that people receive inconsistent care and support as care records contained a lack of guidance and direction for staff.

The registered persons had failed to identify the shortfalls at the service through regular effective auditing. Systems and processes were not established and not operated effectively to assess, monitor and improve the service. Records were not all accurate and up to date.

This was a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.