Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

St John's Home

St Mary's Road, Oxford, OX4 1QE

Tel: 01865247725

Date of Inspection: 06 December 2012

Date of Publication: January 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	The Society of All Saints Sisters of the Poor
Registered Manager	Miss Mollie Burns
Overview of the service	St John's Home is a voluntary residental home for 38 elderly people attached to an Anglican covent in Oxford. It aims to provide a caring environment for people who are no longer able to live alone. People who use the service are encouraged to maintain their indepdence as long as possible. The service does not accept admissions for people who are suffering from dementia, but if a person were to develop dementia whilst in the home they would be allowed to remain there if at all possible.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 6 December 2012, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

On the day of our visit there were 33 people using the service. Eight of them were designated as 'self caring' whilst the rest received varying degrees of care. We were able to speak to four people who used the service and they were all very happy with their standard of care and also emphasised the amount of choice and freedom they had.

We found there were a wide range of activities on offer for the people who used the service, and a range of choices regarding meals, worship and, where possible, being able to go out into the local community on their own.

The service was fully staffed and staff were qualified and trained to an appropriate level. Safeguarding policies and procedures were in place, and staff were encouraged to report any instances of abuse. People who used the service met regularly with the management of the service and were able to feedback comments, complaints and compliments.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People who use the service understood the care and treatment choices available to them. They were able to express their views and be involved in making decisions about their care and treatment.

We spoke to four people who all emphasised the amount of freedom and respect they enjoyed in the home. Two of the people talked about the range of groups and activities that was on offer, including poetry, reading and discussions groups. Two of the people we spoke to had their own computers and private telephone lines installed. We were told that people could come and go as they chose, although staff members were always made aware of this.

We saw that people had opportunities and encouragement to retain their independence and community involvement. For example, the manager showed us the programme of activities for the last six months which included poetry afternoons, classical music, knitting, pub lunches, film afternoons and flower arranging groups. She also explained that the service had its own chapel where people could attend on a daily basis if they wished. With regards to spiritual care, the manager said that although the service was still owned by an Anglican religious community, people of all faiths were welcome, as were those who chose not to follow a particular religion. One of the people we spoke to confirmed this and this information was also stated in a document explaining spiritual care in the service.

We were given copies of the provider's Statement of Purpose document and their Welcome Pack, which is given to all new people who use the service. Both these documents gave details of the services and activities provided in the home. The Welcome Pack informed people of the different ways that they could feedback their views and concerns to staff and management, for example through the monthly residents meetings.

Each person had their own room, which they could personalise as much as they wanted, for example by having their own furniture and pictures brought in, and in some cases having their own computers and telephones. We were able to observe this directly

because a number of people invited us into their rooms to talk about their experiences of the service.

We observed that staff would always address people by their first names. We also noticed that staff would be respectful and courteous. For example, we observed people arriving to attend a movement to music group in the main dining area and wanting to spend time chatting amongst themselves. Although this meant that there was a slight delay in the group starting, the facilitator did not try to curtail these conversations in order to start on time.

We asked people if they felt involved in making decisions about their care and wellbeing, and they all told us that they were. We were also given a copy of the provider's consent to care document which gave details of the legal framework on consent and provided guidelines to staff about gaining consent from people regarding their care and wellbeing, as well as information of mental capacity, advanced decisions and power of attorney. All people who used the service were required to sign a consent to care and treatment form.

We were shown a letter to each person used the service which asked about their preferences regarding night time care, which asked whether they would rather be woken if they experienced night time incontinence.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We spoke to four residents regarding their experience of care and wellbeing in the service. All were very happy with the home and emphasised how well cared for they were. One of the people we spoke to had experience of visiting a range of care homes in his capacity as a lay minister and said this service was by far the best one he had seen.

We were able to observe how care staff interacted with people who used the service. From what we saw, staff were responding to individuals in a timely and appropriate manner. For example, one person in a wheelchair asked if she could be taken back to her room from the dining area so she could tell us about her experiences of the service. A care assistant immediately responded to this request and we were able to watch as she was made comfortable in her room.

We spoke to the physiotherapist about her role in providing care and wellbeing in the service. At the time she was just setting up a movement to music group in the dining room which was run on a weekly basis. She explained that her focus was on encouraging people to be as mobile and active as possible, as many had mobility problems before they enter the home. There were around a dozen people attending the group when we were there.

As well as running the group the physiotherapist also worked one to one with residents. She said she always took an holistic approach to health and wellbeing, and focused as much on mental and social stimulation as physical mobility. We spoke to one of the people in the group who explained that recently they had had a hip replacement and with the physiotherapist's help was now able to walk down the road.

We looked at the care plans for two of the people who used the service and these were complete and up to date. Each plan contained forms for monthly risk reviews on specific issues such as falls, nutrition and medication, and these were up to date. We asked about emergency admissions to hospital, as this had been flagged up as a potential issue with regards to urinary tract infections. The deputy manager gave details of the five emergency admissions over the last twelve months, which had all been via the person's GP. None of

these had been for urinary tract infections.

We were also shown a copy of the provider's pre-assessment document which was used to assess the suitability of people who wished to use the service.

There were arrangements in place to deal with foreseeable emergencies. We asked about contingency and emergency planning and procedures, and were given copies of the provider's emergency and crisis, and health and safety policies. The manager told us that all the people who resided on the top floor of the service were mobile and able to use the stairs to evacuate. Escape chairs were available to be used to help other people evacuate, and we saw evidence of these.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse because the provider had policies and procedures in place to identify the possibility of abuse and prevent abuse from occurring.

We were shown copies of the provider's policies around protecting people. This included safeguarding residents from abuse, independent safeguarding authority, and protection of vulnerable adult's documents, and also the anti-racism policy. We asked the people we spoke whether they had any concerns regarding their safety and they all said no. They also told us that they would be able to raise any concerns they did have with staff and the management.

The manager informed us that all staff undertake protection of vulnerable adults training and have been instructed in identifying signs of abuse. She also informed us that staff undertake training in deprivation of liberty safeguarding (DOLS), the Mental Capacity Act 2005, and the Mental Health Act 2007. Staff were encouraged to report any instances of abuse to the manager.

However, we noticed that neither the provider's statement of purpose or the welcome pack made any references to safeguarding or advised people what to do if they had concerns around safeguarding. The provider may wish to note that it would be helpful if this information were made available to people who use the service.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs.

At the time of our visit the service the manager told us their were no staff vacancies. We observed that there always appeared to be enough staff on hand to respond to people who needed attention or assistance. Even though the service was provided over four floors we noticed that there were always staff members present on every floor

In relation to the skills and suitability of staff to support the service, we saw that all of the senior care staff had completed NVQ level 3 in health and social care, and the vast majority (97%) of care staff had completed NVQ level 2 in health and social care. The service was supported by a range of ancillary workers and a handyman.

We were shown copies of the staff rotas covering the previous three weeks. On reviewing this information we noticed that there were a number of shortfalls in staffing cover over weekends. The rota stated that there was a requirement for one manager, one administrator, two senior care assistants, and seven ancillary staff. On the rota we looked at there was no manager or administrator recorded, one senior care assistant and two ancillary staff members. We also noted that two members of staff were on maternity leave.

We raised the issue of the rota with the deputy manager and she explained that the 'required' figure had been agreed by the previous chairperson of the provider who had since left. A new chair was being recruited and in the interim one of the Sisters was standing in for this role. The deputy manager said that the interim chair had not reviewed the rota requirements. She went on to explain that these required figures were not necessarily accurate and that the whole rota system needed looking at. She said she would raise this issue at the next management meeting.

With regards to the absence of a manager at weekends, the deputy manager told us that due to sickness absence of the home manager, the senior care assistants were authorised to oversee the running of the home in the absence of a manager, and a manager was always on-call by telephone. When we raised the point about there only being one senior care assistant on duty at weekends instead of two, the deputy manager explained that this was due to sickness, and because weekends were quiet periods it had been agreed by senior management that absent staff member would not be replaced.

We also raised the issue of there being no administration support over weekends and only two ancillary staff. The deputy manager told us that there had never been an administrator on duty at weekends and senior care assistants would deal with all telephone calls. With regards to the number of ancillary staff she told us that there had only ever been one domestic and one laundry staff member present on the Saturday. She reiterated that she thought it was a problem with the rota system itself, rather than with insufficient cover. With regards to covering for maternity and care staff being off sick during the week, she said they would bring in bank staff to cover for these posts.

In our view there was not enough evidence, for example feedback from people who used the service, to suggest that there was not sufficient staff available to meet the needs of people using the service. However the provider may wish to note that there appears to be a discrepancy between the required staffing levels as stated in the rota and the actual numbers, which may need to be addressed in order to be certain that staffing levels were adequate each day.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who use the service were asked for their views about their care and treatment, and they were acted on. The provider took account of complaints and comments to improve the service.

The people we spoke to all said that every month they could meet with the manager and other key staff members and had an opportunity to feedback their views on the service, including complaints. Furthermore, they all confirmed that such concerns were always addressed, although one person said this was not always straightaway. The manager showed us copies of the minutes of the five most recent meetings. Issues of concern highlighted by those attending were food and laundry.

We were given a copy of the provider's complaints policy which explained to people using the service how to make a complaint and how to escalate it if necessary. We were also given copies of two complaints forms which had been completed, which detailed the specific complaint, how it was investigated and what the outcome was

One of the people we spoke to complained about the speed of her internet connection. This was an issue for her because she relied heavily on email communication to keep in touch with her family. When we raised this with the manager she explained that people who use the service made their own private arrangements regarding telephone and internet packages, and a number of them had been misinformed by BT in relation to a particular internet deal. The manager said she would advise the people concerned and their relatives to approach BT directly about this issue.

We were shown the collated results of recent questionnaires that were routinely given to people who use the service, GPs, and relatives and visitors. People who used the service gave very high scores (usually 100%) when asked to comment on various aspects of the service. With GPs, there was a significantly large non-response rate (50%) but those who did respond were positive. Relatives and visitors also gave very positive responses.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk