

St John's Winchester Charity

St. John's Almshouses

Inspection report

32 St Johns South
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Winchester
Hampshire
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Date of inspection visit:
29 November 2016
02 December 2016

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 29 November and 02 December 2016 and was announced. The provider was given 24 hours because the location provides a domiciliary care service; we need to be sure that someone would be available in the office.

St. John's Almshouses is a registered charity that provides a personal care service to people who live in a complex of private apartments within communal grounds. Whilst not all people needed any personal care or support, those that did could either choose to make their own arrangements or use the personal care service provided by St. John's Almshouses staff. When we visited, four people were using the service and receiving support with their personal care. Other people who lived at St. John's Almshouses could receive care and support should they need it in an emergency.

The service had a registered manager. 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. The service was currently in the process of registering the manager for the regulated activity of personal care.

People and their families told us they felt safe and secure when receiving care. Relevant recruitment checks were conducted before staff started working at St John's Almshouses to make sure they were of good character and had the necessary skills. However, there dates weren't clear in staff employment histories. Therefore it was not possible to identify whether there were any gaps in between jobs. The manager was aware of our concerns and actions to address them had already been put in place.

People's risks were not always managed effectively. People's risk assessments and those relating to their homes' environment were detailed and helped reduce risks to people while maintaining their independence. However, some people's care records did not contain information to help staff reduce risks to people's diabetes management.

Staff received training in safeguarding adults. They completed a wide range of training and felt it supported them in their job role. New staff completed an induction before being permitted to work unsupervised. Staff told us they felt supported and received regular supervision and support to discuss areas of development. Staff meetings were held every three months. There were sufficient numbers of staff to maintain the schedule of care visits to meet people's needs.

People who used the service felt they were treated with kindness and said their privacy and dignity was respected. People received their medicines safely. Staff had an understanding of legislation designed to protect people's rights and were clear that people had the right to make their own choices.

Staff were responsive to people's needs which were detailed in people's care plans. Care plans provided comprehensive information which helped ensure people received personalised care. People felt listened to and a complaints procedure was in place.

Staff felt supported by the registered manager and could visit the office to discuss any concerns. Staff meetings were held regularly. There were systems in place to monitor the quality and safety of the service provided. Accidents and incidents were monitored, analysed and remedial actions identified to reduce the risk of reoccurrence.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Recruiting practices were safe; however there were gaps in care workers' employment histories and one staff member had references missing from their file.

Risks to people's welfare were identified and plans put in place to minimise the risks; however, they did not contain information regarding diabetes.

Staffing levels were sufficient to meet people's needs. Staff were trained and assessed as competent to support people with medicines.

People felt safe and secure when receiving support from staff members. Staff received training in safeguarding adults and knew how to report concerns.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff received appropriate training and one to one supervisions. People were supported to access health professionals and treatments.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

Good ●

Is the service caring?

The service was caring.

People and their families felt staff treated them with kindness and compassion.

People were encouraged to remain as independent as possible. They were involved in planning the care and support they received. Their dignity and privacy was respected at all times.

Good ●

Is the service responsive?

Good ●

The service was responsive.

People told us the care they received was personalised and their needs were reviewed regularly to ensure their care plans remained appropriate.

The registered manager sought feedback from people. An effective complaints procedure was in place.

Is the service well-led?

The service was well led.

People and staff spoke highly of the registered manager, who was approachable and supportive.

There were systems in place to monitor the quality and safety of the service provided. □

The service had appropriate policies in place.

Good ●

St. John's Almshouses

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.

This inspection took place on 29 November and 02 December 2016. The provider was given 24 hours' notice because the location provides a domiciliary care service; we needed to be sure someone would be in.

The inspection was carried out by one inspector. Before the inspection, we asked 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 reviewed the completed PIR before the inspection. We also checked other information we held about the service and the service provider, including previous inspection reports and notifications about important events which the provider is required to tell us about by law.

During the inspection we spoke to three people who used the service and one family member. We also sent questionnaire surveys to people and staff to obtain their feedback. We received completed surveys from one person, one family member, one health professional and three staff members. We spoke with the registered manager, a registered nurse and three staff members. We looked at care records for three people. We also reviewed records about how the service was managed, including staff training and recruitment records.

The service was last inspected in October 2013, when we did not identify any concerns.

Is the service safe?

Our findings

People and their families told us they felt safe and kept people safe whilst providing them with personal care. Everyone responded positively to the survey question 'I feel safe from abuse and or harm from my care and support workers', showing they felt safe with their care staff. One person said, "There is enough staff and I always feel safe." Another person told us, "I feel safe with the staff; they are very good." Other comments included, "Truthfully, quite confident with everyone" and, "I feel safe with the staff, they are very good."

Recruitment processes were followed that meant staff were checked for suitability before being employed by the agency. Staff records included an application form, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. However, the registered manager was unable to locate two references for one person, although the previous manager confirmed that they had been received. The application form requested a full employment history; however, some staff had only put the year they were employed from and left their employment instead of actual dates. Therefore it was not possible to identify whether there were any gaps between jobs and ensure these were followed up in interview. We spoke to the registered manager who informed us they were aware that recruitment procedures needed to be improved and would take action immediately to address our concerns. Then set out that they had put a number of measures in place to ensure that this did not re-occur. We will assess these actions at our next inspection.

Risks to people's health and wellbeing were identified in risk assessments. However some people's care records did not cover all the risks to their health and the care plan did not include information to assist staff to help people reduce the risk. For example, one person had diabetes. Their risk assessment did not cover the risk to their health and no information was provided to staff on what action to take should the person present with symptoms of illness in relation to their diabetes. The service also assisted the person to check their glucose levels, but no guidance was provided to enable staff to identify if the levels were too high or too low. Whilst staff were aware of some of these risks to people's wellbeing, they did not have access to specific information on how to support the person. We spoke with the registered manager who informed us, "Staff are all aware of what to do and so is the person receiving the service, but will add information to risks and plans as a priority."

Assessments were undertaken to assess other risks to people who received the service and to the care workers who supported them. These included environmental risks. Risk assessments were also available for moving and handling, infection control, skin integrity, medicines, falls and equipment. For example fire evacuation risk assessments stated people's needs and what help they would require in an emergency.

There were sufficient numbers of care workers available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. These could be adjusted according to the needs of people using the service. Staff were available 24 hours a day, seven days a week. Staff said they had sufficient time to support everyone and were able to provide additional support if someone needed it; for example, if they were unwell. The registered manager was also available on call out of hours

for emergencies or advice.

People benefited from a safe service where staff understood their safeguarding responsibilities. A safeguarding policy was available and care workers were required to read this and complete safeguarding training as part of their induction. Staff members were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us if they had any concerns they would report them to their line manager, and if no action was taken would take it higher up.

Peoples' medicines were managed and administered safely. One person told us, "Staff help me with my medicines and they are always on time." People were happy with the support they received with their medicines and told us their independence was respected and that they managed their own medicines where possible. There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. When staff assisted people to take their prescribed medicines they signed a medication administration record (MAR) to confirm the person had taken them. Records we saw showed people were receiving medicines as prescribed. All staff received medicine management training, which was refreshed regularly and their competence was assessed to make sure they were safe to administer people's medicines.

Staff told us they were starting peer assessments on other staff members to look at ways other colleagues assisted people with medicines. Staff then had to provide feedback in the form of a report. Staff felt this was really useful and one person had made improvements as a result. The service had started a 'medicine of the month' information board, which provided staff with explanations of what a particular medicine was used for. This gave staff a clearer understanding of the benefits of the medicine.

Is the service effective?

Our findings

People we spoke with felt staff were well trained and carried out their duties to a high standard. One person told us, "I feel staff are well trained and I trust staff completely." Another person said, "I feel the staff are well trained and I have confidence in what they do." A family member told us, "I'm very happy; it gives me piece of mind knowing mum is being looked after well."

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. One staff member who was a registered nurse told us, "I can do any extra training I want to and have just completed my nursing revalidation and I have lots of support from the manager." Another staff member said, "We recently had training on eye conditions which was really useful and made you think. So you could understand what people are going through." Everyone responded positively to the survey question 'my care and support workers have the skills and knowledge to give me the care and support I need.'

Staff told us to further their knowledge they are taking turns in researching a subject of their choice and providing a ten minute presentation at the start of the staff meeting. One staff member told us they spoke about "The benefits of yoga and massage in the elderly." Staff told us they found this beneficial and it was suggested that staff completed a few exercises each day, to start the day to improve staff wellbeing.

The service had appropriate procedures in place for the induction of newly recruited members of staff. New staff were supported to complete an induction programme before working on their own. One staff member told us, "My induction was very good. More in depth than any other job I have done before, with very thorough training, which I found really helpful." All new staff were signed up to complete The Care Certificate. The Care Certificate is awarded to new staff who complete a learning programme designed to enable them to provide safe and compassionate care. The service had appropriate procedures in place for the induction of newly recruited members of staff.

People were supported by staff who had supervisions (one to one meetings) with their line manager and yearly appraisals. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One member of staff said, "Supervision's are every eight weeks. I find them beneficial as it gives me a chance to be open, ask about training or anything to benefit us. Any problems with residents, we have a chance to talk about it." Another staff member said, "I find it a good place to express myself. I have constructive feedback and find ways to solve problems."

Staff had an understanding of the Mental Capacity Act, 2005 (MCA) and training was due to be refreshed in the new year. The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant. Staff showed an understanding of the legislation in relation to people with mental health needs. Before providing care, they sought verbal consent care from people and gave them time to respond. Staff were aware people were able to change their minds about care and had the right to refuse care at any point.

People told us they had been involved in discussions about care planning.

People were independent at mealtimes and at the time of our inspection the service were not supporting people with to access food and drink. A staff member told us, "Everyone who has a package of care with them is offered advice on nutrition and healthy eating habits and weighed regularly." People were able to meet up once a week to attend a luncheon club which was served in the community room, and provided a hot meal for people cooked on site by the chef of one of provider's care homes. People we spoke with were pleased with this service and one person said, "I go to luncheon club once a week. It's very good you get a nice lunch and you get the company as well." A family member told us, their relative "loved" going to luncheon club.

People were supported to access healthcare services in an emergency or when necessary. Staff told us if any health professional had visited they would tell the manager and record it on their records, so the next staff member was aware of the person's current health needs and any action needed. The registered manager told us they work closely with the district nurses and wound clinic as well as sending referrals to the occupational therapist for adaptations and equipment for people if needed. We saw a comment from a health professional which stated 'St John's should be a role model for other care groups to follow their example, from sheltered housing to nursing care.'

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. One person told us, "Staff are caring they will do anything for you. I have never had a problem at all with the staff." Another person said, "Staff are caring; they are lovely, they really are. So good, all of them, I'm very grateful to all of them." A third person told us, "Very happy with the care; staff will do anything for you." A family member told us, "Staff have been excellent and have great communication." Everyone who completed a survey told us the carers were kind and caring.

Staff told us they enjoyed working for St John's Almshouses. One staff member told us, "I just love what I'm doing and I don't want to give it up." Another staff member said, "I love working here and love it when working with residents and you hear their life history."

People experienced care from staff who understood the importance of respecting people's privacy and dignity, particularly when supporting them with personal care. One person told us, "Staff treat me with dignity, which is very important to me, and staff do it very well." Staff told us that information was contained in the person's care plan, including their personal likes and dislikes. Staff would knock on people's doors and identified themselves before entering. They ensured doors were closed and people were covered when they were delivering personal care.

People told us they were involved in planning their care and care records showed evidence of this, as people had signed to confirm they had agreed with the amount and type of support they were provided with. Care plans provided information about how people wished to receive care and support. Information seen in care plans was detailed and provided care staff with the person's life history and their desired outcomes. This enabled the care staff to communicate effectively with the person and to understand what was most important to them.

Staff told us that people were encouraged to be as independent as possible. One staff member said, "I love helping people to remain an independent life for as long as they can." The registered manager told us, "All staff have a spot check where staff are observed allowing the residents to be as independent as possible showing them respect and dignity at all times."

Staff supported people to follow their religious beliefs. The charity had a chapel on site and services were provided twice a week. For people who could not make it to the chapel, communion could be provided in people's homes.

Information regarding confidentiality, dignity and respect formed a key part of induction training for all care staff. Confidential information, such as care records, was kept securely within the registered manager's office and only accessed by staff authorised to view it. Any information which was kept on the computer was also secure and password protected. Daily records were collected monthly and stored securely in the relevant care files.

Is the service responsive?

Our findings

People received individualised care from staff who understood and met their needs. One person told us, "I am involved in my care plans and I have monthly reviews." Another person said, "Staff review my care plan each month and I am happy with that."

People received care that had been assessed to meet their specific needs. Care plans provided information about how people wished to receive care and support. Staff confirmed the care plans provided all the information they needed to support people appropriately and enable them to respond to people's needs. Copies of care plans were seen in people's homes, allowing staff to check any information whilst providing care. These identified key areas of needs, such as, personal care, daily living activities, health issues, and shopping. People's likes, dislikes and what was important to them were also described in the care plan. For one person, this was to remain independent in their apartment for as long as possible and to be able to go out shopping and on short trips with their family.' For another person it showed that they liked to help at various clubs and events serving the coffee and teas. Staff told us that the person regularly served teas and coffees after the church service.

The care plans were updated regularly to ensure a true reflection of the person's current needs. One person told us, "I'm involved in my care plan reviews." The care plans provided comprehensive guidance to staff about the person, and provided them with clear instructions on how to manage specific situations. One staff member told us, "We sit down with people, so it is person centred and ask them what's important to them."

Staff employed by St John's Winchester Charity worked only within the three sites in the city centre. However people could choose to be supported by this service or by an external agency. The registered manager told us, "Care can be flexible and residents can have care when they want; for example, one person has an outside agency provide care but if they don't turn up, or can't do the service, we will cover the calls required."

Everyone had an emergency call bell in their apartment and staff responded quickly when an alert was raised. We spoke with people who had used this service and they felt staff responded quickly and they had confidence in the staff. The service also ran a wellbeing clinic once a week where people could check their blood pressure, check their weight and chat about any concerns they had. We also spoke with one person who received a weekly massage in their home, provided by one of the nurses. We spoke with the nurse who provided this service, who told us, "I sent a survey round to people to see if they would be interested as it can be very beneficial for older people. People also open up to you and it's important to have contact with people."

The provider sought feedback from people or their families through the use of a quality assurance survey questionnaire. This was sent out every year seeking their views. The results we looked at were positive. Comments included, 'Care has always been of a high standard'; and 'We have amazing service with lots of love and care.'

People told us they knew how to make a complaint. One person told us, "I would know how to make a complaint if I needed to." Staff knew how to deal with any complaints or concerns according to the service's policy. Information about how to make a complaint was included in information about the service provided to each person. The provider had a complaints policy and procedure in place, which detailed the timeframes within which complaints would be acknowledged and investigated. There had been no complaints about the service over the last year. The registered manager described the process they would follow if they did receive a complaint, as detailed in their procedure.

Is the service well-led?

Our findings

People told us they felt this was a well-led service. One person told us, "The manager is lovely." Another person said, "Very happy, couldn't be happier. Very happy atmosphere, love being here." A third person told us, "Very good. I've been happy with everything, lovely service."

The management team promoted a positive culture and had an 'open door' policy. The registered manager was also the matron of the service. Staff said the registered manager was approachable and they were always made welcome at the office. One staff member told us, "The manager is the best we have ever had here. Very organised and disciplined and works hard. Approachable and very straight forward." Another staff member said, "Matron here is lovely so professional, can't fault her in any way. She has taught me so much." Other comments included, "New matron is so transparent, you know where you are and it works better." Also "Management very supportive; very understanding and very professional. The whole team works well together."

Staff meetings were held every three months, but could happen more frequently if something needed to be discussed with staff. Staff meetings were used to discuss issues raised about people, and staff were invited to make suggestions about how to improve the service. Minutes from a meeting in October 2016 showed that a chalkboard had been suggested for staff to write a 'positive thought for the day'. This was being introduced to improve staff wellbeing and morale.

The registered manager used a system of audits to monitor and assess the quality of the service provided. These included medicines, care plans, and health and safety. Where issues were identified, remedial action was taken. The registered manager told us they also carry out spot checks on staff, to make sure they are treating people with dignity and respect, and visited people weekly to talk about any concerns they may have about the service so improvements can be made. The provider's quality manager also carried out an audit of the service, which included looking at complaints, people's health and health and safety.

There were processes in place to enable the registered manager to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

The registered manager informed us they kept up to date by reading the commission's website and through other professional websites, as well as keeping up with latest guidance by attending training. They said, "Being a trained nurse, I need to revalidate my training so I am always looking for courses relevant to my role. I have also joined the leadership alliance with Hampshire which sets up a networking group where we share best practice." The registered manager was aware of the need to notify the Care Quality Commission (CQC) of significant events regarding people using the service, in line with the requirements of their registration.

People benefited from staff that understood and were confident about using the whistleblowing procedure.

Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The provider had appropriate policies in place as well as a policy on Duty of Candour to ensure staff acted in an open way when people came to harm.