

## St John's Hospital

# St John's Hospital

### Inspection report

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23 May 2019

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service: St John's hospital is registered to provide personal care. At the time of the inspection 12 people were receiving care from the service. These people lived in St John's and Combe Park both are sheltered housing facilities.

People's experience of using this service:

Medicines were administered to people safely however there was no body maps in place that confirmed where creams should be applied. People felt safe and were supported by staff who had received training in safeguarding adults and who knew where to report concerns to.

Staff used personal protective equipment (PPE) appropriately and when required. Staff had checks undertaken to ensure they were suitable to work with vulnerable people.

Staff received training and supervision, and all felt supported and that the service was a nice place to work. All people at the time of the inspection had capacity and people had choice and control in the care they received.

People were supported by staff who promoted their independence and provided care in a dignified and respectful manner. Staff supported people with their medical and social appointments.

Staff were kind and caring and care plans were person centred and contained important information relating to people's likes and dislikes. Staff had received training however not all staff were able to demonstrate an in depth knowledgeable of equality and diversity.

People felt able to raise a complaint should they need to. However, all people were happy with their care. No one at the time of the inspection was receiving end of life support. The provider had quality assurance systems in place that identified shortfalls. People's views were sought so improvements to people's care could be made.

Rating at last inspection: Rated Good at last inspection in October 2016.

Why we inspected: This was a planned inspection based on previous rating.

Follow up: We will continue to monitor the service through the information we receive. We will inspect in line with our inspection programme or sooner if required.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was Safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was Effective

Details are in our Effective findings below

Good ●

### Is the service caring?

The service was Caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was Responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was Well-led

Details are in our Well-Led findings below.

Good ●

# St John's Hospital

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection was carried out by one adult social care inspector.

#### Service and service type:

St John's hospital provides personal care to people in sheltered housing. CQC regulates the care provided but not the premises. We reviewed only the care people received during this inspection.

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

#### Notice of inspection:

The inspection was announced we gave the service 48 hours' notice of the inspection visit because it is small, and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 22 May 2019 and ended on 23 May 2019. We visited both St John's and Combe park to see the manager and office staff; and to review care records and policies and procedures

#### What we did:

Before the inspection we looked at information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events, which the service is required to send us by law. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what it does well and improvements they plan to make.

During the inspection we spoke with four people, one relative and four members of staff, including the registered manager and senior support staff. During the inspection we reviewed four people's care and support records and two staff files. We also looked at records relating to the management of the service such as incident and accident records, questionnaires, recruitment and training records, policies, audits and complaints.

# Is the service safe?

## Our findings

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

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

People were safe and protected from avoidable harm. Legal requirements were met.

### Using medicines safely

- People received their medicines safely and when required. However, we found the service was not using body maps that confirmed guidelines for staff on where to apply topical medicines and pain patches. We raised this with the manager who confirmed they would address this shortfall.
- Staff received training to ensure they were competent at administering medicines to people.
- Medicines were stored safely.

### Systems and processes to safeguard people from the risk of abuse

- People felt safe. One person when asked if they felt safe, replied "Exactly, Oh yes".
- Staff had a good knowledge of the types of abuse and who to go to should they need to raise any concerns.

### Assessing risk, safety monitoring and management

- People's care plans had risk assessments in place that identified risks, equipment and what support people required. Staff knew people well and were able to confirm their care and support needs.
- People's care plans contained emergency information such as who to contact in the event of an emergency, medical history and a list of medication should the person be sent into hospital.

### Preventing and controlling infection

- Staff demonstrated good practice in using personal protective equipment (PPE) and they changed their PPE appropriately.
- Staff washed their hands following the use of PPE.

### Learning lessons when things go wrong

- Incidents and accidents were recorded and logged into a spreadsheet where trends could be reviewed. Incidents and accidents were monitored by senior managers to prevent similar incidents from occurring again.

### Staffing and recruitment

- People were supported by enough staff.
- Staff had checks completed to ensure they were suitable to work with vulnerable adults. This included a full Disclosure and Barring Service check (DBS), references and an interview.

- Visits were planned. There was always staff available within the office should people require additional assistance.
- The registered manager confirmed should people's needs change they aimed to undertake a review and adapt and review the care to ensure it meet their needs.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

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

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received training, supervision and an annual appraisal.
- Training included first aid, fire, food hygiene, health and safety, infection control, manual handling, medication training, mental capacity, nutrition and diet, safeguarding.
- Staff received additional training to ensure they were competent and able to support people with their individual needs. This included, communication and understanding behaviour, data protection, death dying and bereavement, dementia, diabetes, equality and diversity, mental health, stroke awareness and professional boundaries.
- Staff received supervision and felt able to raise any issues or concerns when required. One member of staff said, "They support with anything". Another member of staff said, "They're very supportive [Name] and [Name] I can always raise anything with them, they're always happy to discuss things".

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

- People's care plans contained important information relating to their individual dietary requirements.
- People had choice and control with their diet and staff offered support when required.

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

- Care plans had information relating to people's religion, their routines and personal information including their marital status and family information.
- Staff were not able to confirm the protected characteristics under the Equalities Act 2010. For example, staff were not able to identify all the protected characteristics such as race, culture, age and sexuality. We raised this with the registered manager who confirmed they would review how was best to update staff's knowledge.

Staff working with other agencies to provide consistent, effective, timely care

- The service sought advice and support from other agencies when required. For example, health care professionals such as physiotherapists, occupational therapists and community mental health services.
- Positive feedback had been received by the service where they had worked positively with professionals to prevent a hospital admission. One compliment from the professional confirmed; 'Would like to express our thanks towards all staff at St John's who supported us as a team to provide care to [Name]. This was a challenging time as our aim was to prevent admission to hospital. Staff adapted to daily changes always providing a caring empathetic approach alongside liaising appropriately with all agencies involved in



providing outstanding care to [Name].'

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

- People were free to access the local community. The service was provided care to people living in St John's and Combe Park.
- People who lived at St John's and Combe Park could access the outdoor space such as the court yard garden. There was also the communal indoor space such as the chapel people could access if they wished.

Supporting people to live healthier lives, access healthcare services and support

- People were supported with health care appointments and social events. For example, one person told us how they were due to be supported by a member of staff to attend a friend's wedding. They were clearly very excited about this. Staff were also able to support people with appointments to see their GP or other health care appointments.

Ensuring consent to care and treatment in line with law and guidance

- We checked whether the service was working within the principles of the Mental Capacity Act (MCA). All people at the time of the inspection were able to make decisions about their care and treatment. Care plans confirmed this information.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who treated them with dignity and respect. Staff were able to give positive examples of how they closed bathroom doors and windows, knocked on people's doors and how curtains were shut when required. One member of staff said, "We always encourage people to do things for themselves. Like do you want to do breakfast".
- Staff demonstrated a good understanding of how to maintain people's personal information and confidentiality. One member of staff also confirmed how they respected people's privacy. They told us, "We don't speak about other people, it's not right".
- People were encouraged and supported to maintain their independence. One person told us, "I am independent. I like to do things for myself and they let me. I still enjoy cooking and do this for myself. They help if I need it". Another person said, "I am very independent, that's how I like it". Care plans reflected people's wishes to remain independent.

Ensuring people are well treated and supported; equality and diversity

- People felt supported by staff who treated them in a kind and caring approach. All people we spoke with had developed positive caring relationships with people. People told us, "They are very good very efficient. They spend time talking to me. They always listen and encourage me. It's like a family feel and they care about the person. You're not a number".

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

- People were involved in making daily decisions about their care. Care plans confirmed people's views on how they wished their care to be provided. One person told us, "They accept me for who I am, and they love seeing me". Their care plan confirmed their wishes in relation to having care provided by female care staff and that they were able to make decisions relating to their care and treatment. During the inspection we observed people make decisions about how they wanted their care and support provided.

## Is the service responsive?

### Our findings

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

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

People's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- All people were happy with their care and felt able to raise any concerns or complaints should they arise.
- Complaints were logged including actions taken. People had access to the providers complaints policy.
- Various compliments had been received about people's care. One compliment included, 'Just a quick note to express our thanks to you and your lovely caring staff for the care you take of our [Name]. Thanks to you she still had her independence and quality of life and more importantly mental well-being. We cannot thank-you enough'. Another compliment included, 'I just wanted to say a massive – Thank-you!'.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans were individualised, and person centred. They included important information about people's likes and dislikes and their daily routines.
- Care plans were reviewed every six months or when required.
- People could attend a weekly church service on a Sunday in the chapel where the Chaplin provides a Sunday service and communion.

End of life care and support

- No-one at the time of the inspection was on end of life care.
- People could receive care and support from health care professionals should they require end of life care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People and staff felt it was a nice place to work and staff spoke positively about the culture at the service. One member of staff said, "The team are fantastic. All of us do the best we can for our residents. We get good management support from [The management]".
- There was a positive culture within the service. People's care and support that was relaxed and friendly. Staff felt the team of care staff worked well together and they would always help and support each other if required.
- The service was well managed, and people and staff felt able to raise concerns with the registered manager.
- Systems were in place to monitor the quality of the service. For example, the service had quality assurance inspections that were undertaken by external professionals. This was an opportunity for the service to be audited externally identifying any shortfalls prior to their CQC inspection. An action plan confirmed improvement required through these checks.
- The rating for the service was displayed in the main entrance hall. The provider was displaying their assessment rating on the provider's website.
- Notifications were submitted as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics, Continuous learning and improving care

- Resident's views were sought through a yearly survey. People were happy with the service provided. Where improvements had been identified an action plan was in place to address people's views.
- Newsletters kept people updated on changes within the service and informed about events they could attend.
- People and staff could attend a meeting which were an opportunity to discuss any concerns or issues they were experiencing.
- People felt able to raise any issues with the registered manager, office staff and carers. The registered manager confirmed when incident occurred they kept a log so that lessons could be learnt to improve people's care experience in the future.

Planning and promoting person-centred, high-quality care and support; and how the provider understands

and acts on duty of candour responsibility

- People and staff all felt that the service provided good positive support. One person confirmed how much they were looking forward to receiving support from a member of staff to attend a social function. The person was extremely grateful on the support from the member of staff and they confirmed they had been looking forward to it for a while.

Working in partnership with others

- The registered manager liaised with outside agencies when required. These included, GP surgeries, health care professionals and local authorities.