

# The Orders Of St. John Care Trust

## OSJCT Digby Court

### Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

About the service:

The service provides accommodation and personal care for up to 35 older adults and people living with dementia. There were 35 people living in the service on the day of our inspection.

People's experience of using this service:

- Systems and processes were in place to ensure that people were safeguarded from the risk of abuse. There were sufficient qualified and competent staff to care for people. Medicines were well managed; systems and processes were in place to support this. The home was clean. Accidents and incidents were recorded and measures were taken to improve and reduce risk?
- People's needs were assessed and desired outcomes were met. The food was nutritious and of good quality.
- Staff received the training they need to do their job well. Training opportunities for staff to develop were good.
- The service being delivered was caring and was delivered by a staff team who were kind, compassionate and thoughtful.
- The values of the organisation were clearly visible and staff actions reflected the values well.
- People were given the opportunity to express their views regularly and were involved in the planning of their care. Privacy and dignity was maintained to a high standard.
- People were receiving care that was responsive to their needs.
- Care planning captured people's wishes and care was delivered by staff who understood the needs of the people they are supporting.
- People knew how to complain and raise concerns and were listened to.
- The registered provider had a clear vision and a strong set of values. This was embedded in the team by strong leadership who were visible, accessible and led by example.
- Processes were in place to ensure that the delivery of care was monitored and checked regularly. Governance systems identified areas for improvement and comprehensive plans were developed and actioned.
- The manager and the staff team worked in partnership with other health and social care professionals and in the community.

The service met the characteristics of Good in all areas that we inspected. More information is in the full report.

Rating at last inspection:

At the last inspection the service was rated Requires Improvement and was published on 17 October 2017.

Why we inspected:

This was a scheduled inspection based on previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# OSJCT Digby Court

## **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:

This inspection was carried out by one inspector and an 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.

Service and service type:

Digby Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service provides accommodation and personal care to 35 older adults and people living with dementia.

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 unannounced. The Inspection was completed on 29 January and 30 January 2019.

What we did:

Prior to the inspection we reviewed information we had received about the service, this included details about incidents the provider must notify us about. We sought feedback from the local authority, the local

safeguarding authority and other professionals who work with the service. We used this information to plan our inspection.

During the inspection we spoke with five people and four relatives. We also spoke with four care staff, one night care staff, the chef, the maintenance officer, the activities coordinator, the learning and development advisor, the deputy manager, the registered manager and the operations manager on the second day of our inspection. We also spoke with one visiting health professional. We reviewed records related to the care of six people. We looked at records of accidents and incidents, audits and quality assurance reports, complaints, and four staff files. We also looked at documentation related to the safety and suitability of the service. We spent time observing interactions between staff and people within the communal areas of the home.

# Is the service safe?

## Our findings

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

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

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

- People and their relatives told us that they felt safe. One person said, "My every need is looked after here. I don't think I would be alive if I'd stayed at home". A relative told us, "There is someone 24/7 and they take time to make sure they understand [my relatives] needs. [My relative] certainly wasn't safe at home. In fact [my relative] is happy as Larry here".
- People were protected from abuse. The registered provider had a clear policy which described how to keep people safe from the risk of abuse. Staff we spoke with were aware of the policy and were provided with regular training to ensure that they could recognise the signs of abuse and report concerns confidently.
- The registered provider had provided additional training to two staff to enable them to act as 'safeguarding ambassadors'. One staff member told us, "I am a safeguarding ambassador, I'm on hand to make sure that staff are aware of what might be a safeguarding issue".

Assessing risk, safety monitoring and management:

- Risks to people were managed safely. Risks associated with people's care and support were assessed and recorded within their care records. People had risks managed to reduce the risks associated with falls, choking, moving and handling and medicines. Risk assessments were written clearly and were sufficiently detailed for staff to follow safely.
- People were well protected from environmental risks. Safety checks were done regularly to ensure that utilities such as gas, water and electricity were safe for people to use. Risks associated with fire were assessed and safety checks were done to make sure that fire safety equipment worked effectively should they be needed in an emergency.
- The registered provider employed a maintenance officer. The maintenance officer described how they ensured regular safety checks were done to ensure that equipment was safe to use and how checks were done to make sure the building was safe. Records we saw confirmed this.
- Health and safety meetings took place regularly, records of the meetings showed that concerns about health and safety were discussed and resolved.

Staffing and recruitment:

- Staffing levels at the home were sufficient to ensure that people's needs could be met. During the inspection we saw staff attending to people's needs promptly. People told us that their needs were met. One person told us, "I don't have to worry, they do everything for me here and if I need them at night it doesn't take long for them to come".
- Records showed that call bells were responded to promptly. Analysis undertaken by the registered provider

showed for the month before our inspection 93% of calls were responded to in under five minutes.

- The registered provider had a process for ensuring that staff were recruited safely. Records showed that pre-employment checks were undertaken prior to staff commencing employment. Staff had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions.

#### Using medicines safely:

- People had their medicines administered safely by competent and experienced staff. The registered provider had a policy relating to the safe administration of medicines which staff were aware of.
- Training records confirmed that staff were trained to administer medicines, and had subsequent observations to ensure that they were competent in doing so.
- People who required support to take medicines had a care plan and risk assessment which described the support required to ensure this was done safely. People who required medicines administered on an 'as needed' basis had a written plan to ensure that staff were aware of how and when to administer.
- Where appropriate people were encouraged to administer their own medicines. One person required an inhaler and was supported to be independent. Records showed that the risks had been assessed and reduced to ensure the person was safe when administering their own medicines.
- Staff told us about one person who could potentially require their medicines administered covertly in the future. Covert medication is the intentional administration of medication to people without their knowledge. The staff member told us that they had followed a process which involved undertaking an assessment of the person's capacity and then obtaining permission from the GP and the pharmacy.
- Medicines were stored safely and securely.
- The registered provider had a process for checking administration records regularly to ensure that staff were administering people's medicines correctly.

#### Preventing and controlling infection:

- People were protected from the spread of infection. The home appeared clean and had a pleasant odour. During the inspection we saw housekeeping staff cleaning rooms and corridors.
- The home had designated areas to ensure the safe and hygienic disposal of waste.
- Systems were in place to ensure that soiled clothing and bedding were washed separately.
- Staff were provided with infection control and food hygiene training. People told us that they were provided with care by staff who were mindful of infection control. One person told us, "The carers do help me to wash and dress, they put something over my lap so I don't get cold and they wear gloves and aprons."
- During the inspection we saw that there was a plentiful supply of single use gloves and aprons for the staff to use.
- Staff were seen wearing single use gloves and aprons at mealtimes and this was removed if they performed a task other than food serving and replaced it if they left and came back into the room.

#### Learning lessons when things go wrong:

- The registered provider had systems and processes to ensure that accidents and incidents, were reported and recorded. The registered manager showed us how data from incidents was inputted into an online system which generated reports and action plans to ensure that risks were reduced and improvements made.



# 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

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

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

- People's needs were comprehensively assessed when they moved into the home, the registered provider used a 'resident assessment booklet' to ensure that detailed information about the persons support needs were recorded.
- Assessments of people's needs identified areas of immediate risk and led to risk assessments being developed promptly.
- Assessments and care plans paid attention to people's needs in relation to accessible information requirements. People were consulted about their sensory needs and were asked about their communication preferences such as whether they would need a hearing loop, British sign language or picture boards, people were also presented with the option of having their care plan printed in large print or on contrasting coloured paper.
- Care plans contained a section specifically focussed on communication. One person's communication plan contained excellent detail about the persons sight and hearing needs and how the deterioration of these had changed the way people needed to communicate with them and the care plan included advice provided from an audiologist.

Staff support: induction, training, skills and experience:

- People benefited from staff who were provided with the training and support they required to do their job well. New staff had a comprehensive induction and were expected to complete the care certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- The registered provider employed a learning and development advisor whose role it was to deliver training and support to the registered managers in Lincolnshire to access training for their staff teams. The learning and development advisor told us that mandatory training compliance at the home had improved significantly during the previous 12 months, records we saw confirmed this.
- The registered provider had good training opportunities for staff, ranging from short e-learning modules in subjects such as the mental capacity act and information governance to a two-day accredited dementia course and diplomas in subjects such as Parkinson's disease, dementia and housekeeping.
- Staff confirmed that they were provided with good opportunities to learn and develop their skills. One staff member told us, "I've just started to do my medicines training so I can administer medicines and I am also doing training to become a senior member of staff". Another staff member told us, "The learning and development is amazing, they [registered provider] are so keen to give you training; anything you want to learn such as training for Parkinson's disease or conflict in the workplace".

- The deputy manager told us about the support they had been given to help them develop in the role, they told us, "I am very supported by [registered manager] we get together once a week, if I'm not sure how to handle things we talk through it. I learn better by doing". They also told us that they had been given the opportunity to undertake a nationally recognised qualification at level five.

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

- People told us that they enjoyed the food and drink. One person told us, "The food is very good here. Tasty and home-made. You always get asked if you want more too. I don't think I have ever felt hungry. We have fruit or snacks if we want them too. Absolutely no complaints there." A relative we spoke with told us, "[My relative] enjoys their food and they make sure they have enough. [My relative] certainly hasn't lost any weight here and the staff make the time to communicate with them even though they won't have hearing aids to make it easier for people."
- People's care plans contained information about their nutritional needs and preferences about what they liked to eat and drink.
- People benefited from having an experienced chef and kitchen staff who were enthusiastic and dedicated to ensuring that people received nutritious and healthy home cooked food.
- The chef kept clear records of peoples' dietary needs including allergies and health conditions such as diabetes.
- People were regularly surveyed about the quality of food and drink. We saw comments recorded in the surveys which were positive, people said, "Beautiful food and wonderfully presented", "Love all the meals made, it's so wonderful".
- Snacks and fresh fruit were available throughout the home. 'Hydration stations' were set up in the home which enabled people to have cold drinks whenever they wanted them.

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

- Strong relationships were formed with health professionals. A visiting district nurse highly commended the willingness of staff to embrace partnership working. We were told that the registered manager arranged skin care training for two staff and gave them responsibility to act as skin care ambassadors. The close working relationships between the district nurse and the staff had achieved a complete absence of skin breakdown for people living in the home for ten months. The district nurse stated that the model of care which had been developed was intended to be a pilot which would be rolled out to other homes in the area.

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

- The home was decorated to ensure that there was a homely feel throughout. Work had begun to develop an unused area in the dining room to incorporate a 'wish tree' so that people living in the home could place a wish or a chosen activity on the tree so that each day a person would get the opportunity to see their wish come true.
- Work had begun to refurbish parts of the home; bathrooms and a shower room had been refurbished to a very high standard to ensure that people had a clean modern environment to wash and shower in.
- People's bedrooms were decorated according to their choice and were adorned with personal memorabilia to give them a comfortable and homely feel.
- Free Wi-Fi was available throughout the building. One staff member told us, "We have had a tablet donated to us and there is already Skype being used here to speak to relatives who can't come very often or who live abroad". Skype is a telecommunications application that specialises in using video chat and voice calls between computers, tablets and mobile devices.

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

- Staff had a good knowledge of people's health conditions, and care plans contained clear personalised information to support this.
- People's care records showed that they were regularly accessing medical professionals such as GP's, district nurses & community psychiatric nurses.
- People told us that they were supported with their day to day health needs. One person said, "I have breathing problems, but they [staff] keep an eye on me and soon help me if I need it". Records showed staff sought advice from external professionals when people's health and support needs changed. Referrals were made to specialist health teams when advice and support was needed.
- During the inspection we saw an optician carry out eye tests for several people living at the home.

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

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 they 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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found that no people were currently being deprived of their liberty and therefore no applications had been made.
- Records showed that where people may be lacking the capacity to make particular decisions, a two-stage assessment of their capacity was carried out. The registered provider had a template for the assessment and a best interest checklist so any actions agreed were as least restrictive as possible.
- People were asked to provide their consent to receive care and support. Where possible people provided a signature to confirm that they had consented.

# 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

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

Ensuring people are well treated and supported; equality and diversity:

- People consistently told us that they were treated well by the staff. Comments made by people about the staff team were consistently positive. A person told us, "They [staff] can't do enough for you here. We are like a big family and I can talk to any of them. I have made friends too. One lady I hadn't met, but [care staff] introduced us because she thought we would get along."
- Relatives were very complimentary about the caring attitude of the staff team. One relative told us, "The carers know [my relatives] likes & dislikes so well, in fact [my relative] is probably spoilt at times. They are a great team here and they work well together for the good of the residents. It's like an extended family".
- People were supported by a staff team who knew them well. A staff member told us, "One resident loves knitting, but has bad arthritis in their hands and can't handle the metal needles, so I bought some big wooden ones in and they are knitting for England now, I have also bought in a big crochet hook and the person is going to teach me how to do it".
- During the inspection we consistently observed friendly, kind staff who interacted with people well. During lunchtime we saw people being politely given the option of where they wanted to sit and then given drink options to choose. People were chatting amongst themselves and music from the 1940's was playing in the background. Staff were supporting people to eat and were courteous, caring and attentive. There was a pleasant ambience at all times.

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

- People told us they felt listened to and said they were supported to make day to day choices. One person told us, "Sometimes I wake up a bit early and they [staff] bring me a cup of tea if I want one. If I can't sleep, they do sometimes bring me a mug of hot milk too"..
- Care plans were person centred and contained lots of detail about people's wishes and preferences. People were involved in developing their own care plans and were actively involved in reviewing them on a regular basis.
- People had access to an advocate if they wished to use one. Advocates are trained professionals who support, enable and empower people to speak up. No one was using an advocate at the time of our inspection.
- Records of resident's meetings in the home confirmed that people were encouraged to make suggestions about their care. Notes of one meeting contained suggestions regarding the menu and food choices and suggestions for future activities. Within the notes of another residents meeting, the following was recorded: "Everyone agreed the standards of care they receive has changed immensely. They feel the staff are wonderful, they work hard and always available for help. In the past residents said they didn't like to bother

staff about anything - they feel confident in asking for help now".

Respecting and promoting people's privacy, dignity and independence:

- People were treated with respect and staff knew how to maintain people's confidentiality. One staff member told us, "If I need to talk about someone I'd do it in the office. Information kept in their care plan is kept secure, only we should have access to them."
- People's privacy was respected. For example, staff were discreet when asking people if they required personal support.
- People were supported to maintain and develop relationships with those close to them. People's relatives and friends were welcome to visit anytime and told us they felt welcome. One person told us, "My Son can visit anytime and they always make him a cup of tea. I don't think he worries about me anymore." Another person told us, "My family come to take me out on trips and we go shopping if I need things, but [staff] will always pick something up for me if I need it. They are very good."
- Staff promoted people's independence and knew how to enable people to be as independent as possible with aspects of their care. One person told us, "They know I like to do my own dusting, so they give me the stuff to do that with. It makes me feel useful".

# Is the service responsive?

## Our findings

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

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

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

- Care plans were person centred and were comprehensively detailed about people's needs and wishes which meant that staff provided care in the way that people wanted it. Care plans included a section called 'All About Me' which contained information about people's life history. One person said, "[Staff] has been asking my family and me questions about me and my past and writing it down for a book. I might be famous one day."
- Care plans were regularly updated and reviewed. People signed their own care plans to demonstrate their involvement and consent. A person told us, "I think the staff know me well enough. They are busy but I do chat to [staff] sometimes and they note it down in my file for when they are organising things".
- Records showed that staff had received training in the principles of person centred care.
- People were given the opportunity to pursue interests and hobbies. A relative told us, "The activity coordinator has been great and devised some specific men's activities like dominoes and drafts. They have requested darts, so they are looking into purchasing a safe set for them. They have a shed in the back garden too and are hoping to make it into a 'man cave' for them in the Summer." This was corroborated by a staff member who told us, "We have developed specific male activities and I am developing a 'man cave' for the summer months in the garden. I would like to make the other shed into a female space too, so they can have a good gossip as we are all different in our needs."
- The registered provider employed an activities coordinator to support people to engage in meaningful activities. They told us, "I use the Internet to find resources for activities, but it would be nice to have our own minibus and do more trips out as I know residents like them. Some of the residents wanted a Karaoke machine, so we now have one".

Improving care quality in response to complaints or concerns:

- People knew how to complain if they were unhappy. They told us that they were provided with information about how to complain, records we saw confirmed this.
- The registered provider adopted a 'first fix' philosophy to resolve complaints and concerns quickly to reduce the need for formal complaint and to resolve low level matter expediently. Records of complaints were kept with evidence of actions taken to resolve them. The registered provider had received four complaints in the previous 12 months.
- The registered provider regularly sought feedback from people using the service to ensure that improvements could be made to the service. The most recent survey was carried out in November 2018. Feedback for most areas was positive, however feedback related to 'home comforts' was lower than average. The registered provider had developed an improvement plan to address the shortfalls.

#### End of life care and support:

- No one was receiving end of life care at the time of our inspection.
- Records showed that some staff had received training in 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

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- There was a clear vision and a strong set of values being incorporated into everyday care in the home. During the inspection we saw evidence of improvement since the last inspection. The registered manager worked hard to drive up care standards within the home and was supported by a team who valued their leadership, and support. One staff member told us, "To start with it was hard because they were very direct, but I know it isn't personal and they are very supportive. Things have definitely improved. When I started, everyone was at rock bottom. It's such a good place to work now. It makes me really proud to work here".
- People spoke very positively about the staff and the management team, one person told us, "My [relative] gets to hear about all the news here. I think they phone [my relative] or sometimes use the computer. The manager is lovely and seems to remember everyone's name even though we don't see them as often as the carers." Another person told us, "They [management] keep my family informed of everything that happens to me. There have been a few changes here since I came, but it is definitely being well run now."
- Our previous inspection ratings were displayed prominently on a notice board in the reception area of the home and on the provider's website.
- The registered provider clearly understood their regulatory requirements and consistently ensured that they notified us about events that they were required to by law.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Continuous learning and improving care:

- The registered provider had systems and processes to ensure that audits and checks were used to improve the quality of care. The registered manager was completing regular focused audits in areas such as medicines, infection control, health and safety, care plans, falls and call bells. The data collected from the audits was used to form an action plan which was used to ensure that shortfalls and issues are identified and addressed thoroughly.
- The registered provider employed independent quality assurance staff who were independent of the home. These staff visited the home four times per year to carry out independent quality audits and checks in addition to the checks done by the registered manager.
- Records of staff supervision meetings showed that the management team had spoken with the staff about the previous inspection report, and how they had felt during and after the inspection. Records showed that time had been invested explaining to the staff team how important their own role was to meet the Health and Social Care Act 2008 Regulations 2014. This had created a culture of personal accountability where staff



were taking responsibility for the quality of their own work.

- Evidence we saw confirmed that the registered provider had improved since the last inspection on 17 October 2017. At our last inspection we had some concerns about preadmission assessments, managing risks and recording care. Governance systems at the time were not effective enough to identify shortfalls. In contrast we found at this inspection that the registered manager had consistently addressed these issues and was focussed toward continual improvement which had resulted in better outcomes for people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- The registered manager motivated staff, maintained a good morale and created a positive working environment for the staff team. Staff we spoke with were enthusiastic about working at the home and consistently described the morale of the team as good. One staff member told us, "We see ourselves as the Digby family. The non-team players have gone, staff have got on board with what we are trying to do and we know we are supported".
- Staff were given the opportunity to develop themselves. The registered manager was keen to give staff responsibility and had encouraged staff to take lead roles in areas such as dementia, infection control and skin care. One staff member told us, "I have just been asked if I would like to train for night lead. At first, I felt it might be too much, but I certainly love it here and could see it as a natural (career) progression."
- The registered provider demonstrated a thorough approach toward seeking the views of people using the service. Information provided by residents at their meetings and from quality assurance surveys was used to inform planning at the home. We saw evidence that shortfalls in care delivery were discussed openly in meetings and improvements were subsequently made.

Working in partnership with others:

- Feedback we received from social care professionals in advance of the inspection was positive and described the registered manager as experienced and knowledgeable. We were told that there was an enthusiasm from the registered manager and the staff team to embrace partnership working.
- During the inspection we spoke with a visiting health professional who highly commended the attitude of the staff team and described the partnership they had developed as 'a pleasure'.