The Orders Of St. John Care Trust

OSJCT Henlow 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

Henlow Court provides nursing, residential and respite care for up to 40 people, some of whom have a diagnosis of dementia. At the time of our inspection 38 people were living there. The home is purpose built over two floors and has lounges and dining rooms on both floors.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

People were protected against the risks of potential abuse and they told us they felt safe in the home. Staff knew about safeguarding people and reported any concerns. Individual risks for people were minimised and risk assessments of the environment were completed to help ensure people lived in a safe home. There were sufficient staff who were recruited using thorough checks to ensure their suitability. Medicines were managed safely and reviewed. People were able to make their own choices and decisions about their care. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's needs were met by staff who had access to the training they needed and had regular updates to their training. Staff were supported in their role and had regular individual meetings where they could discuss their training and their progress with senior staff. People had a choice of meals and their nutritional needs were met. People told us they liked the meals provided.

People had positive interactions with staff who respected their privacy and dignity. We observed staff were kind and compassionate to people and encouraged them to be independent. People received personalised care and had care plans that identified their needs and they were reviewed regularly. People were supported by health and social care professionals who visited when required. There was a programme of activities and links with the local community were established. There was a clear complaints procedure and people could use the suggestion box in the home.

The registered provider had quality assurance procedures to check the service was safe and people were supported to lead the life they wanted without restrictions. People and their supporters had opportunities to comment on the service and they were listened to. Staff felt well supported by the registered manager and were able to comment to help improve the service.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good .	**Good**
Is the service well-led? The service remains Good.	**Good**

OSJCT Henlow Court

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 checked 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 comprehensive inspection took place on 12 and 13 September 2017 and was unannounced.

One inspector and an expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. We spoke with the registered manager, the head nurse, a chef, two activity organiser/care leaders, 11 people using the service, seven family/friends, the head nurse, and four care staff members. In addition we reviewed records for five people using the service and examined records related to staff training and the management of the service. We also spoke with two visiting healthcare professionals.

Before the inspection, the provider completed 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 also reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law. We also contacted the local authority commissioners of the service and health and social care professionals.

Good

Is the service safe?

Our findings

People were protected against the risks of potential abuse. People told us they felt safe in the home. All staff had completed safeguarding training annually and they had a good understanding about the different types of abuse including how to respond to them. They also knew how to report other staff if they suspected abuse. One relative told us, "We feel (the person) is very safe here, there is nothing that happens to make me feel she is unsafe. We normally visit in the afternoon and you never walk a corridor and see no one around." Another relative told us about a person's safety, "Oh yes, it's the way they look after her." One person said they felt safe because, "They [staff] treat us well, it's alright here really." Another person told us about safety, "I think it's because someone is around when you need them."

Where people were at risk this was recorded in their care plan and individual actions were taken to minimise the risk. Examples of risk assessments we looked at included falls prevention, moving and handling people safely, developing pressure ulcers, the use of bed rails and in the event of a fire. One person at risk of falling when walking with their Zimmer frame needed two staff to walk with them. We observed staff walking with the person. Risk assessments were reviewed monthly to ensure they were up to date and reflected people's current needs. Each person had an emergency evacuation plan. Risk assessments of the environment were completed and all aspects were covered to help ensure people lived in safe home.

Accidents and incidents were recorded and there was a record of reflective practice to help staff look at ways to minimise or prevent further accidents. The registered manager looked at all accident records. A monthly audit of where the accident occurred, the time of day and who had a fallen. When a person had several accidents further necessary preventative measures were looked at and action was taken.

People were supported by sufficient staff with the appropriate skills, experience and knowledge to meet their care needs. Deployment of staff was effective to ensure there was always staff available. The registered manager told us they were putting systems in place to ensure people, who could not initiate contact, would get the opportunity to spend time with staff. Staff were encouraged to engage individually with people and three staff were highlighted in red on the staff rota every day to complete individual engagements with people in each unit. The engagements were recorded in their care plan. We checked one person's activity care plan and they had 28 engagements in August 2017. A monthly tick list for any activity people had joined in with had recently been used to enable the activities to be accurately audited. One activity coordinator told us this will identify who needs additional engagement to enhance their wellbeing.

One care leader told us agency staff were not used and the service had their own 'bank staff' when they needed additional staff. They told us nurses, trained housekeeping staff and the registered manager helped out if there was staff sickness. We reviewed four weeks of staff rotas that told us staffing levels were maintained. The registered manager told us people's dependency determined the staffing levels. People's dependency scores were calculated monthly. We looked at examples where people were either high, medium or low dependency residential care or required nursing care. The manager told us that when people's dependency levels increased staffing levels increased. One person told us, "I can do most things for myself but if I need help I press the button and they [staff] do come."

There were safe systems in place for the management of medicines. Nursing staff had competency training to administer medicines every two years. The medicine administration records (MAR's) that we looked at were completed correctly. Medicine audits had been completed monthly and any errors had been investigated. The supplying pharmacist had completed a six monthly medicine audit in July 2017 and it was 94% compliant. We observed staff administering medicines safely, asking people if they would like any pain relief and giving them time to take their medicine.

People were protected as a thorough recruitment process was completed. All checks had been completed to include references and Disclosure Barring Service (DBS) checks prior to employment. A DBS check confirmed the applicants had no criminal record and were not barred from working with vulnerable people.

Infection control procedures were followed. We saw staff using protective aprons and gloves for personal care. One area we noted with a malodour was cleaned immediately. People and relatives told us the home was always clean.

Good

Is the service effective?

Our findings

People's needs were met by staff who had access to the training they needed. Staff had regular updates to their training and there was a clear system of when updates were required. Staff told us the training was good and they could complete any additional training they wanted. Staff we spoke with were working towards qualifications appropriate to their role. One care leader told us they were part of new 'care leadership' training and had monthly meetings where they learnt people skills and engagement as a management skill. Staff had completed dementia care training. Two staff we spoke with were dementia link workers and they attended local meetings to discuss the latest advances in caring for people living with dementia so they could support other staff. Staff told us they had the training they needed to meet people's needs and were enthusiastic about the training they had. One staff member said, "We have lots of good training." The head nurse was a trained mentor for student nurses who were completing their training experience at the home.

Nurses had annual specialised training organised to meet the needs of their role for example, use of a syringe driver and the maintenance of Percutaneous Endoscopic Gastrostomy (PEG) feed tubes, this is a tube where people are fed directly into their stomach. Staff were supported in their role and had regular individual meetings called 'Trust in Conversation' where they could discuss improvements to the service and their progress. One staff member's record described how they had been thanked by a local school for introducing a person to read with the children. Their enthusiasm had motivated people to join in activities and for community groups to visit the service.

People were referred to healthcare professionals when required and records were kept of the visits. People's healthcare needs were monitored and any changes in their health or well-being prompted a referral to their GP or other healthcare professionals, for example chiropodist, speech and language therapist and psychiatrist. There was a record of visits from healthcare professionals in peoples care plans. The two visiting healthcare professionals we spoke with confirmed the staff provided 'good' care and referred people to them when required. One relative told us, "We have good communications between family and the home and are involved in her care and the tissue viability nurse is involved in her care."

Staff received training about the Mental Capacity Act and understood the need to assess people's capacity to make decisions. The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make certain decisions. We observed staff seeking people's permission before helping them with their care and encouraging them to make choices for meals. Staff told us most people consented verbally and if they were unable to consent in any other way a best interest record was completed for personal care. GP's had completed Do Not Attempt Resuscitation (DNAR) records for most people and where appropriate their families were involved.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity to make decisions we saw MCA assessments and best interest decisions were

recorded, for example for personal care and the least restrictive use of bed rails. DoLS applications had been made and we looked at two authorisations where there were no conditions added for staff to comply with. One relative told us they were involved in the decision for the person to have bed rails to help keep them safe and this was reviewed after three months.

People had a choice of meals and drinks and their dietary needs were met. The chef had a record of people's dietary needs, food allergies and preferences. There were always alternatives on the menu and people were able to choose what they wanted on the day. There was no pictorial choice or plated meals for people living with dementia to choose from. One staff member told us that some people chose their lunch meal the day before but almost half of the people chose from the trolley on the day. However they said, "more people were a bit confused" and "laminated menus were going to be provided." One person was anxious and asked staff for two different meals and rejected both when they saw them. One staff member sat with them to encourage and reassure them while they ate their meal. We observed people were served their vegetables individually and asked about the portion size. Most people ate all their meal. People who required additional nutrition had fortified food and drinks and snacks were available between meals. They were also weighed more often to monitor any weight loss. Various diets were provided and included soft or mashed food for people at risk of choking. We observed one person was assisted with their meal in a calm and respectful manner. People told us they liked the food provided. One person said, "The food is very good" and one relative said, "The food is good, she eats it." We overheard a person talking to another person and they said, "The food here is second to none" and "The helpings are good but they know I want a small helping now."

Good

Is the service caring?

Our findings

People had positive engagements with staff who respected their privacy and dignity. We observed staff were kind to people and encouraged them to be independent. We heard staff addressing people by their preferred name and introducing themselves when entering a room. A care staff member asked one person if they wanted to go to the dining room for lunch, when the person accepted the staff member offered to do their hair before going to the dining room which they agreed to. One relative told us, "Staff will always say hello and will make time to chat with us about [X]." Another relative said, "The staff are very good at humouring [X] to get [X] motivated and very good at persuading [X] to do things."

Staff supported people with kindness and compassion. People and relatives told us the staff were very good, kind and caring. One person told us, "Everyone is so nice I have no complaints." One relative told us, "The people working here make it a home. I can't praise them enough it's not just for my relative it's for everyone they treat them all the same." One person told us their grandchildren visited and played with the toys provided for visiting children in the lounge. One person told us, "staff do pop in [their bedroom] now and again". A record of people's individual engagements with staff was recorded. One healthcare professional we spoke with told us the staff spoke to people respectfully and always ensured their privacy and dignity for any treatments. We noticed one care staff member and a volunteer got down to people's level to communicate with them and had meaningful conversations with them.

We observed staff were constantly friendly and courteous to people. Care records informed staff that one person could be argumentative but was calm when reassured. We observed staff showing one person physical affection to encourage them to eat their lunch. One person providing a service for people told us, "My friend loves it here" and they also told us there was a nice atmosphere in the home. One relative told us, "It's absolutely lovely here and the staff are all fine."

Recently people had discussed with their keyworker member of staff which topic of conversation made them most happy. With people's agreement this was recorded in their care plan and posted on their bedroom wall, called 'magic minutes'. Staff used the topics daily when talking to people and the intention was to improve people's inclusion and wellbeing. Review of the new 'magic minutes' will assess if people feel more content and happier in the home.

We looked at three letters of compliment from relatives about the care people received, particularly at the end of their life. One relative wrote, "we know she was loved and cared for until the end" and another relative wrote, "she was very happy there and the kindness and friendliness of the staff was evident. Her last days were peaceful thanks to that care."

Good

Is the service responsive?

Our findings

People received personalised care responsive to their needs. People were assessed before they moved into the home and their care plans identified the care and support they needed. The care plans we looked at were relevant and up to date. There was personalised information for example, one care plan identified the person refused to wear their hearing aid so staff needed to repeat and reiterate what they say to enable the person to understand and communicate successfully. One person living with dementia had started to lose their way to the toilet and a picture of a toilet was added to the facility near their bedroom which helped them to know what to look for. People were also involved in some chores to help keep them occupied and maintain their independence, for example washing up in the dining room with staff. Another person benefited from having a doll to hold and became more relaxed. A staff member told us the family also felt the doll was a positive addition and sometimes advised the person to pick it up. One staff member described how they sang with one person in the evenings when they became unsettled. One person told us, "If you want anything done they will help you straight away."

Care plans were reviewed monthly and six monthly with the person. One staff member told us they went through people's care plans with them during a review. Any changes for people were noted in the handover between staff at the start of a shift. We observed a handover where staff were informed one person was feeling unwell and another person wanted two baths every week. Staff were asked to check baths and showers people had and whether they wanted one in the afternoon. This helped to ensure all staff were aware of any changes. People who required a change of position to prevent pressure ulcers had their position changed as the care plan indicated. Pressure relieving mattresses were set at the person's individual weight. One wound care plan we looked at was detailed and photographs recorded the healing rate. One healthcare professional who was currently visiting people told us the staff team were constant and this provided continuity of care for people. Each person had a hospital transfer form completed to ensure in an emergency all the relevant information about them would be passed to the emergency services.

There was a programme of activities provided all week by three part time activity organisers and sometimes at the weekend. The PIR informed us peoples 'Life Histories' were clear about what they liked to do and whether they needed support to do whatever it is they enjoyed. Activities included cooking, arts and crafts, pat the dog, films, music and exercises. When we visited we saw people handling reptiles provided by an external service. People had occasional trips out. One person told us they had visited High worth garden centre and a choir at Lister Hall. One relative told us, "Would you believe it they even took a Shetland pony upstairs in the lift to visit residents in their rooms." One relative told us, "Some days there are things to do, but other days nothing, it seems to depend on who's on."

A group of people told us they only join in with activities sometimes but enjoy individual activities for example, crosswords, word search, colouring in pictures and reading. Another person told us they went to Communion once a week. The September newsletter showed people attending a classic car rally and motorbike racing. Several people had visited Thornbury Castle for afternoon tea. The home was registered with Westonbirt Arboretum Outreach where boxes were delivered weekly and contained scented jars, pine cones, pictures and hands on activities for people to try. Some people had visited Westonbirt Arboretum

and collected leaves to make bunting in the home.

The home is part of a pilot scheme within the Order of Saint John Care Trust (OSJCT) called Time To Connect Community Champions. This was introduced in February 2017 when two staff completed training to become Community Champions. OSJCT is in partnership with others to enable people living in care settings to lead lives that are more connected with their communities. The provider's information return stated, "As well as the Champions, we will introduce other employees as mentors who will help to develop and change cultures to facilitate more inclusive practices. This will mean that our residents will be able to contribute as well as feel supported."

The service was actively involved in the local community with links to local community hubs, town council events, schools, careers charters and other OSJCT homes. One person represented the home on the town council and told them about the need to improve pavements. Some people had 'pen pals' in another OSJCT home and one person met their 'pen pal' for lunch in their community. Another person had their memoirs printed in a book about Dursley. Children from a local school came to visit and watched with people while ducklings hatched from their shells. On another day people and the school children watched the ducklings swimming in a paddling pool in one of the lounges. The children also visited the home on "Poppy day'.

There was an accessible complaints procedure and people could use the suggestion box in the home. Complaints had been recorded, investigated and responded to in writing within the complaint procedures timescales. The last complaint in January 2017 had changed the service's discharge procedure to ensure people's condition was recorded before discharge to the community. One relative told us, "I've not had to raise a concern but I would be happy to do so, all the staff are so nice and approachable."

Good

Is the service well-led?

Our findings

There was a clear management structure. There was 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. There was a head nurse and heads of departments. The registered manager had notified CQC about events and we used the information to monitor the service and ensure they responded appropriately to keep people safe. One relative told us, "Management is good and always have time to chat."

The registered manager valued staff feedback and acted on their suggestions. Regular quarterly staff meeting were held to include all groups in the home for example, catering staff, housekeeping staff, care staff, care leaders and nurses. Staff told us they felt well supported by the management team. One staff member told us they were well supported by the provider and other service within the Trust when necessary. Another staff member told us that staff meetings allowed them to make suggestion for improvement and the registered manager usually followed requests through to ensure staff had what they needed. The head nurse had completed clinical governance meetings for nurse's individually and in groups to ensure staff had the latest guidance.

Relative told us there was good communications with the home and they said, "If there is a problem that is serious enough, they [staff] will call us immediately to tell us otherwise they will tell us as soon as we come in" and "All the staff seem to know the residents well and if there is a problem they don't have to ask, they tell us because they know." One person told us, "The family have good communications with the home who let them know straight away if there's a problem."

Quality assurance systems were in place and included regular audits for example infection control, catering and care plans. Monthly operational reviews were completed where operation managers representing the provider visited the home and looked at the quality of service provided. Many areas were looked at in detail and reported on for example falls, weight loss and wound care.

The annual Compliance Tool completed by the provider in June 2017 gave an overall 92.4 % compliance score and highlighted where improvements could be made. People, relatives and supporters were able to comment in surveys and at quarterly meetings. One meeting held in August 2017 covered food choice, outings and additional activities for example poetry. One person commented they had to wait for assistance from staff. The meeting minutes had addressed the comments and were made available to people and their relatives.

The service was scored five out of five from 14 positive reviews in the last 12 months on the generic Carehomes website. One person on respite care commented, "Since I've lived in Henlow Court, I've had excellent treatment and I would recommend it to all my friends." One relative commented, "I cannot stress how well he was looked after by all the staff, they were marvellous and treated him with extreme care and dignity, they could not do enough for him."

The service kept up to date with current best practice. The PIR told us, "We have signed up to the Dementia Action Alliance which demonstrates our commitment to improving the lives of those living with a dementia. We also work with My Home Life and have a dedicated Dignity Champion. We have Admiral Nurses who are supported by Dementia UK. We are linked with [National Activity Providers Association] NAPA and have a current membership certificate. Our AC's [activity coordinators] attend the Gloucestershire Meaningful Activities and wellbeing network forums."