

The Orders Of St. John Care Trust

OSJCT Southfield House

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

OSJCT Southfield House is a residential care home providing personal care to up to 32 people. The service provides support to older people some of whom may be living with Dementia. At the time of our inspection there were 30 people using the service.

People's experience of the service and what we found:

There were enough staff to meet people's needs and staff had received training to support them in their role. This included how to keep people safe from harm and keeping up to date with the latest best practice. Recruitment processes ensured staff were safe to work at the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Risks to people were fully identified and care was planned to keep people safe. Where needed, equipment to support people was available. People's medicines were managed safely and available to people when needed. Staff worked in line with guidance to keep people safe from the risk of infection.

Systems were in place to monitor the quality and safety of the care provided. Where needed, improvements were made to keep people safe. The registered manager monitored accidents and incidents and took action to reduce the risk of similar incidents occurring. Learning was shared with staff to ensure everyone was aware when changes were implemented.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (Published 11 October 2017).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

We undertook a focused inspection to review the key questions of safe and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for OSJCT Southfield House on our website at www.cqc.org.uk.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next

inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

OSJCT Southfield House

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 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

OSJCT Southfield House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. OSJCT Southfield House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are

required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with 6 people who lived at the home and 3 relatives to gather their views on the care they received. We spoke with the head of care, the area manager and 2 care workers. We spent time observing care. We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

People were safeguarded from abuse and avoidable harm.

- Staff had received training in how to keep people safe from abuse and what signs may indicate a person was at risk. They were confident to raise concerns with the registered manager, who worked collaboratively with the local safeguarding authority to keep people safe.

Assessing risk, safety monitoring and management

The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.

- Risks to people were monitored and care plans detailed how staff should support people to reduce the risk. For example, people at risk of pressure areas had appropriate equipment in place and were repositioned regularly. The provider ensured people were cared for in a safe environment by carrying out regular health and safety checks.

Staffing and recruitment

The provider ensured there were sufficient numbers of suitable staff.

The provider operated safe recruitment processes.

- The registered manager had calculated the number of staff needed to ensure people's needs were met safely and in a timely manner. Call bells were answered quickly, and staff were available in communal areas to monitor people's needs. The provider had completed checks at the point of recruitment including checking staff did not have a criminal record. This ensured staff were safe to work with people living at the home. A relative said, "I can't fault the home, the staff are wonderful. I've never heard a cross word being said."

Using medicines safely

People were supported to receive their medicines safely.

- People received their medicines as prescribed. Staff had received training and had their competencies checked so medicines were administered to people safely. One person told us, "The staff are good. I get my tablets and skin cream at the right time." Another person said, "I get my tablets on time and can ask for paracetamol for my arthritis when I need them."

Preventing and controlling infection

People were protected from the risk of infection as staff were following safe infection prevention and control practices.

- The home was clean and tidy. Where needed, people's carpets and furniture were cleaned regularly to ensure they remained safe for people to use. Staff had received training in how to keep people safe from the

risk of infection. Staff used protective equipment such as gloves and aprons in line with guidance to minimise the risk of spreading infection.

Visiting in Care Homes

People were able to receive visitors without restrictions in line with best practice guidance.

Learning lessons when things go wrong

The provider learned lessons when things had gone wrong.

- Staff understood their responsibilities to raise concerns and record incidents to help keep people safe. Immediate action was taken to mitigate risk to people, such as seeking medical advice. The registered manager reviewed incidents over time to monitor for trends. This allowed them to identify when most incidents occurred and if any changes to the way care was provided were needed.

Is consent to care and treatment always sought in line with legislation 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 MCA 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 Safeguarding (DoLS)

The provider was working in line with the Mental Capacity Act.

- The registered manager worked in line with the Mental Capacity Act. Mental capacity assessments and best interest decisions were in place. DoLS applications had been made where appropriate. Staff had received training in the Mental Capacity Act and understood what this meant for the people they supported.

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 our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

There was a positive and open culture at the service.

The provider had systems to provide person-centred care that achieved good outcomes for people.

- People told us how the registered manager and staff supported them to feel comfortable in the home. A relative told us how helpful the service was in moving furniture around to best suit their relative's needs and putting up shelves and pictures. They also said, "All family members are welcome to parties etc. They make it more like a home than an institution."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

The provider understood their responsibilities under the duty of candour.

- Relatives told us the registered manager was clear open and honest with people and their relatives about incidents which happened in the home. There had been no incidents which fell under the duty of candour regulations.

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

The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.

- There were audits in place to monitor the quality and safety of the care provided. Where issues were identified action was taken to make improvements. For example, when a mistake was made with medicines staff received retraining and had their competencies rechecked to ensure they followed the providers policies to keep people safe.

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

People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.

- People and their relatives had completed questionnaires about the standard of care they received. The results showed people were happy with the quality of care received. Staff had regular staff meetings where they were able to raise any concerns they had. Staff told us the registered manager was approachable and listened to any concerns they raised.

Continuous learning and improving care; Working in partnership with others

The provider had created a learning culture at the service which improved the care people received.

The provider worked in partnership with others.

- The provider ensured lessons learnt from accidents and incidents, complaints and safeguarding were shared with the whole staff team. This ensured everyone knew what went learnt from the event and what measures had been put in place to decrease the risk of similar incidents reoccurring. The provider worked in partnership with others. This included a range of professionals, such as local learning disability services, allied healthcare professionals, GP and commissioners.