

The Orders Of St. John Care Trust

OSJCT Trevone House

Inspection report

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Date of inspection visit:
21 February 2017

Date of publication:
25 May 2017

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of the service on 1, 2 and 3 June 2016 when breaches of legal requirements were found. After this we asked the provider to take action to make improvements to: how and when people received their care, the accuracy and maintenance of people's care records and ensure the systems in place to monitor the service's performance led to improvements being made.

We undertook this focused inspection on 21 February 2017 to check that they had followed their improvement plan and to confirm that they now met legal requirements in relation to breaches of Regulation 9 and 17. This report only covers our findings in relation to these issues. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lypiatt Lodge on our website at www.cqc.org.uk" We found these breaches to legal requirements had been met.

This service is registered with the Care Quality Commission to provide accommodation, nursing and personal care for up to 47 older people. At the time of our inspection there were 25 people living there of whom some also lived with dementia.

There was not a registered manager in post but the provider was addressing this. 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.

Since June 2016 outcomes for people had improved. People's call bells had been responded to more quickly and effectively. This had helped people to receive care and treatment when they needed it and ensured their safety. Some improvements had been made to how people received their care. Staff were taking a more personalised approach towards people's care. They were aiming to ensure they met people's choices and preferences in relation to this.

People's care records had been reviewed and they gave accurate and up to date information. The content of people's care plans had also been improved and many had been more personalised. Additional records of the care and treatment provided were well maintained. This had helped senior staff and visiting health care professionals make decisions about how to maintain and improve people's health.

There were interim management arrangements in place which were providing calm and supportive leadership to staff. Senior staff were visible and available for people and staff to approach if needed. The provider had closely monitored the care home's progress and its compliance with the necessary regulations. These improvements needed to be sustained moving forward.

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. We found that action had been taken to ensure people's safety. Some improvements had been made to how effectively staff delivered people's care. People had their needs met and usually in a way which suited them.

We could not improve the rating for Is the service safe? from Requires Improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Is the service effective?

The service was effective. We found that action had been taken to ensure accurate and well maintained records had been kept of people's care and treatment. This helped nurses and other health care professionals assess and make decisions, which were necessary to improve and maintain people's health.

We could not improve the rating for Is the service effective? from Requires Improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Is the service well-led?

The service was well led. We found actions had been taken to ensure regulatory requirements had been met. Outcomes for people had improved and other necessary improvements were work in progress. The provider's monitoring of the service made sure appropriate and effective services were provided to people.

We could not improve the rating for Is the service well led? from Requires Improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

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Detailed findings

Background to this inspection

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

This unannounced focused inspection on 21 February 2017 was carried out to check that improvements to meet legal requirements planned by the provider after our inspection on 1, 2 and 3 June 2016 had been made. One inspector inspected the service against three of the five questions we ask about services: Is the service safe?, Is the service effective? and Is the service well-led? This is because the service was not meeting some legal requirements.

Prior to this inspection we reviewed information we held about the service. This included the provider's plan for improvement sent to the Care Quality Commission, following our inspection in June 2016. This action plan told us how the legal requirements would be met and that they would be met by 31 December 2016.

As part of this inspection we spoke with four people who told us about their experience of living in the care home. We also spoke with one relative. We spoke with one nurse, two care staff, the deputy manager and a representative of the provider. We discussed the current management arrangements. We reviewed one person's care file which included their pre admission assessment, daily care records, care plans and risk assessments. We also reviewed this person's food and fluid intake monitoring charts. We reviewed the repositioning charts of three other people. We reviewed call bell audits across a three month period in 2016.

Is the service safe?

Our findings

At our inspection on 1, 2 and 3 June 2016 we found the care home was staffed enough to ensure people's needs were met but, people were not always getting care and support when they requested it or preferred it. At busy times of the day staff were not responding to people's calls bells quickly enough. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. The provider told us how they would address this breach of regulation and told us this would be met by 31 December 2016.

At our focused inspection on 21 February 2017 we found actions had been taken to improve outcomes for people. Staff had been responding more effectively to people's call bells. The majority of call bells had been answered quickly. This ensured that if people required urgent support, for example, because they had fallen or were poorly, could receive this. A more personalised approach to people's care had also been promoted and people were getting the care and support they required and which considered their personal preferences.

One person told us their call bell was generally answered "fairly quickly" but it did depend what time of the day it was. They referred to needing to wait a bit longer at busier times of the day. They told us this was meal-times and when staff had their hand-over meetings. Call bell audits had been completed in and between September and November 2016. These showed there had been a reduction in the number of call bells not responded to in over 10 minutes and those not responded to in over 5 minutes. The overall number of these delays were minimal compared to the total of call bells registered on the system between these months. Reasons for call bells not being answered for over 10 minutes had been fully investigated. Due to the improvements being made to how staffs work was organised managers hoped this reduction would continue.

People's comments about their care varied but they were generally grateful for the care they received and some said the level of care suited them. One person told us it was their choice to be in bed in the early afternoon. They told us they had a shower once a week and a wash on other days which they said, "Suits me." Another person said, "They [staff] look after me alright." This person told us staff helped them to rest on their bed, when they wanted to, as well as to sit outside, when they wanted to. Another person said, "I go to bed when they [staff] are ready to take me because I like them to help me undress, so it suits me." This person went on to say they had no complaints about their overall care.

People who were at risk of developing pressure ulcers were having these risks addressed. We saw pressure relieving equipment being used. People had been repositioned to alleviate pressure from their skin. At the time of the inspection no-one had developed a pressure ulcer which required treatment. One person was on a pressure reducing mattress because they were at particular risk of developing pressure ulcers. There had been problems with this mattress inflating, which we witnessed during the inspection. These issues had been monitored prior to our visit and were addressed during the inspection. This ensured this person received the care they required despite there being a technical issue with the equipment.

Is the service effective?

Our findings

At our inspection on 1, 2 and 3 June 2016 we found shortfalls in record keeping. This related to people's care records and put people at risk of not receiving safe and appropriate care due to a lack of accurate information about their needs and the care already provided to them. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. The provider told us how they would address this breach of regulation and told us this would be met by 31 December 2016.

At our focused inspection on 21 February 2017 we found actions had been taken to improve and address the above shortfall. In particular these improvements related to people's care monitoring records, records relating to processes under the Mental Capacity Act 2005 and people's care plans.

One person was having their food and fluid intake more closely monitored because their appetite and desire to drink was poor. We reviewed these records and found staff had recorded what the person had accepted and what they had refused. The records showed the person had been offered food and drinks at the set times Trevone House provided these. For example, at breakfast mid-morning, lunch-time, mid-afternoon and tea-time. There was also evidence to show that some drinks had been offered to the person outside of the set times, so for example, 2am and 6am. We discussed with the deputy manager if people were able to have access to snacks outside of these times, which they explained they were. In this person's case staff were also monitoring when the person passed urine and had a bowel movement. These records were giving the nursing staff and the person's GP, more specific information, which helped them make the necessary decisions about the person's care and treatment.

This person's supplementary assessments, risk assessment and care plans outlined what risks needed to be managed, what the person's needs were and how these would be met. Some care plans gave clear instructions of steps that must be taken to maintain certain aspects of the person's health. In planning this person's care their mental capacity to be able to give consent and make decisions had been assessed. For example, there was a recorded mental capacity assessment which had been completed to make sure the person understood why bed rails were needed and to ensure they could provide consent for the use of these. The care records also made reference to the person's ability to make their own decisions improving following treatment for an infection.

We also reviewed wound records for this person. These had been well maintained with specific detail recorded. These provided a good audit trail of the care and treatment given as well as the condition and progress of the wounds. More personalisation to the care plans was seen in terms of the person's likes, dislikes and preferences having been explored and recorded. The deputy manager explained that each person's care file had been reviewed since the last inspection to ensure all necessary information was accurate. Improvements to the personalisation of some people's care plans had been completed and this was work in progress for some remaining care plans. The deputy manager had continued to complete mental capacity assessments and applications for deprivation of liberty safeguards as the need for this process arose.

People who had been repositioned to reduce the risks of pressure damage to their skin also had consistently maintained monitoring charts. These showed the times people had been repositioned and showed that the planned time frames for this had been adhered to. It had been recorded in one person's daily care records, by care staff, that the person's skin had signs of some potential pressure damage. This had also been handed over as important and relevant information in staff hand over meetings and we found the nurse on duty was monitoring this.

Improvements to staff handover meetings had been maintained. The call bell audits did not identify the times of staff handover meetings as being times when there was a delay in call bells being answered.

Is the service well-led?

Our findings

At our inspection on 1, 2 and 3 June 2016 we found the systems and processes for ensuring compliance with relevant regulations and for maintaining improvement in the service had not been effective. The provider told us how they would address this breach of regulation and told us this would be met by 31 December 2016.

At our focused inspection on 21 February 2017 we found actions had been taken to improve how the care home was managed. We found changes to the management of the care home had been made and outcomes for people had improved but these arrangements were not permanent.

The previous registered manager was no longer employed by the provider. The deputy manager was acting as interim manager until a new and permanent manager was in place. Interviews had already taken place and a successful candidate had been identified. The provider's representative had continued to provide support and guidance to the deputy manager and staff generally. They had visited the care home on a weekly basis and sometimes more frequently to monitor the care home's performance. This inspection found that the original action plan forwarded to the Care Quality Commission had been followed and met in order to achieve necessary compliance. Outcomes had improved for people and staff were receiving supportive leadership.

The atmosphere of the care home was described by one member of staff as more "relaxed". The deputy manager was observed to be holding various meetings on the day of the inspection. They were however, also seen to be out and about in the care home making themselves accessible and approachable to people and staff. They interacted calmly and in a professional way with the staff who responded well to their style of management. Together with the provider's representative they were carrying out various monitoring checks/audits to ensure the care home provided the services people required until a new and permanent manager was in post.