

## The Orders Of St. John Care Trust

# OSJCT Florence 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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

OSJCT Florence Court is an extra care housing service, providing personal care to 23 people at the time of the inspection. People lived in their own flats within the complex. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

### People's experience of using this service and what we found

We received consistently positive feedback from people about the care and support provided by the staff team. People maintained their independence and their physical and emotional needs were understood and well supported. People felt confident to share their feedback and told us they knew their voice would be listened to by the staff and management team. 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.

There was a strong sense of community within the service. People told us they had instantly felt at home when moving to Florence Court. People were supported to make friendships and to participate in social activities. A nursery group regularly visited. The service had won second place in the local 'in bloom' gardening competition. A memory café was also held at the service, with everyone welcome to attend. People were invited to join trips to different places of interest throughout the year. There were social events held at the service, such as a quiz night.

There were personalised and dignified care plans in place and it was clear people were involved in the care planning process. People's care needs and wishes were regularly reviewed with them, to ensure the service continued to meet their needs. People's future care wishes were known and recorded in their plans. There had been events held at the home for people to learn about options for funeral planning and will writing.

The staff team had received the right training to help them care for people's needs. This included training in dementia care, safeguarding and equality and diversity.

People had personalised their flats, which were spacious and well maintained. Some people had their own garden areas. There was a large communal garden, which people could freely access.

People told us they felt safe. There were systems in place to help keep people safe and comfortable in their own flat. Medicines were stored in people's flats safely and were risk assessed according to people's individual needs. People told us they received support to ensure they took the right medicines when they needed to.

The registered manager had a good rapport with people. People spoke positively about the way the service was managed. The staff team enjoyed their jobs and worked well together. People told us how they got on

well with the staff who supported them.

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

#### Rating at last inspection

The last rating for this service was good (published 17 August 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for OSJCT Florence Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Outstanding ☆

The service was exceptionally 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 Florence 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. 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 Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector

#### Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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

We gave the service 24 hours' notice of the inspection. This was because people are often out and we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection

We reviewed what we had received about the provider and information the provider had sent to us in notifications about important events. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who received care and support about their experience of OSJCT Florence Court. We spoke with two staff members and the registered manager. We observed a social activity and saw staff engaging with people. In addition, we reviewed information relating to people's care and support. This included, five people's care plans and records. We also saw documents relating to the management of the service. These included, staff recruitment files, staff training statistics, managerial audits and action plans.

We received further information from the registered manager to support our judgements. This included written feedback from three people and two people's relatives.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- People told us they felt safe. One person said, "I feel safe here, there are so many security things for people to go through to get in. Also, I have a button (intercom) here, so if I don't want to let someone in, I don't have to."
- There were systems in place to help people feel safe in their home. These included accessible height door viewers on people's front doors. This meant people in wheelchairs or people of different heights could see who was at their front door before letting them in.
- Risks to people's safety and wellbeing were identified and assessed. Risk assessments were in place with guidance for staff to follow to reduce the likelihood of harm occurring. For example, people who were at risk of falling.
- Risk assessments were monitored and reviewed to ensure they remained up to date and reflected any current risks for the person.

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

- People were protected from the risk of abuse. They were supported by staff who had received safeguarding training. Staff understood their responsibility to identify and report any concerns they may have to the appropriate person or authority.
- The provider has safeguarding policies and procedures in place.

### Learning lessons when things go wrong

- When accidents or incidents took place, these were recorded by staff and reviewed by a member of the management team. The management team would reflect with the staff member about any learning from the event, or to see if the person involved needed any extra support.

### Using medicines safely

- The support people received with their medicines varied, depending on their level of need and how independent they were. People's care plans reflected what assistance staff needed to provide and if there were any risks. One person told us, "They make sure I have what medicines I need, when I need them."
- Medicine records showed people who needed support with their medicines received their prescribed medicines when they should. Records were well maintained and reviewed regularly, to ensure there were no gaps or errors.

### Staffing and recruitment

- People were supported by staff who had been appointed following safe recruitment procedures. We saw

there were the appropriate checks in place about staff character and employment history prior to them starting work. The checks also included clearance from the Disclosure and Barring Service (DBS). The DBS help employers to make safer recruitment decisions, by preventing unsuitable people from working with vulnerable people.

- People and staff told us they felt there were enough staff available to meet people's needs. Staffing levels were decided based on the level of need and decisions from the relevant funding authorities.

#### Preventing and controlling infection

- People received support from staff who had been trained in the prevention and control of infection. Staff had access to the personal protective equipment (PPE) they needed. The PPE included gloves, aprons and antibacterial hand gel.

- Some people received domestic assistance and other people had their own cleaners visit to support them with keeping their flat clean and tidy. All flats we visited, and the communal areas of the service were kept clean, tidy and free from odours.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 and choices were assessed prior to care packages being agreed.
- People's care was regularly reviewed by the service or funding authority. This ensured the service continued to meet people's needs.

Staff support: induction, training, skills and experience

- The staff team had received the right training to enable them to care for the people living at the service. This included training in dementia care, the Mental Capacity Act, and safeguarding.
- Staff competencies were assessed during regular observations of their care practice. Staff support also included supervision meetings with members of the management team, to talk about their performance and development.
- New staff completed the Care Certificate as part of their induction. The Care Certificate sets out the knowledge and expectations of staff in different health and social care roles.
- The local ambulance service had visited and installed a defibrillator on-site. All staff then received training in how to use this.

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

- People received personalised support to prepare food and drink. One person told us staff helped to batch cook food for them, so they could choose different meals from the freezer if they wanted to. Other people had pre-prepared meals delivered, which were heated by staff.
- Staff knew people's preferences well and these were recorded in their care plans. For one person, they liked to have a hot drink in the morning and a glass of milk in the afternoon. When we met with them, the registered manager prepared their afternoon drink as per their care plan.
- A local provider of pre-made meals had held taster sessions at the service, for people to find out more about what they offer.

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

- The building was managed by a different company. There were good working relationships between the registered manager and the property manager. Referrals for maintenance support were made in a timely manner. People said they felt the maintenance staff member worked efficiently to meet their needs.
- Some people had staff from different care providers visit and two people had live-in care workers. The staff team knew each person's care packages well and worked with the other agencies to provide the right care when needed.

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

- People had personalised their flats to meet their personal preferences.
- There was a large communal living and dining area on the ground floor. This gave people a space to spend time together socially or to attend events.
- The service had a hairdressing salon, library and activities room for people to use. One person told us, "The facilities here are so good, I don't think they could be better."

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

- Referrals were made to health and social care professionals if people's needs changed. For example, staff told us how they would request referrals from the occupational therapists if people needed different support equipment. People confirmed with us that they had the equipment they needed.
- People were supported to access local healthcare services. They told us the staff would help them to contact their GP surgery if they needed to make appointments.

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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA and supported people in the least restrictive way possible.
- Where required, the service had assessed people's mental capacity to consent to specific decisions. For one person this had been the decision to have their medicines given by staff.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We received consistently positive feedback from people about the whole staff team and the care they provided. One person said, "The staff are happy, normal and cheerful people, nothing is ever too much trouble. [The registered manager] is lovely, just the person we needed. She relates well to people, has a good element of fun about her and is just so sensible with it."
- People were supported by a consistent staff team and said they knew who to expect. This meant people received a consistent standard of good treatment and support. One person explained, "I usually always have the same care staff. [Staff member] is great, we get on like a house on fire."
- People told us they felt "at home" at the service. One person explained, "I felt at home here from the day I looked round. They have made me feel welcome from day one." People said their environment and the staff helped them to feel comfortable.

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

- People were supported as the key decision makers about their care. People were also asked for their feedback regularly and told us they felt their views were appreciated.
- People could nominate staff in recognition of particularly good care they had received.
- Staff knew people and how they communicated well. This meant the staff could recognise changes in people's behaviours or wellbeing.
- There were several long-standing staff team members who continued to work at the service because they enjoyed supporting people. The team worked well together and the two staff members we spoke with described the service as being "like a family". People felt comfortable in the company of staff and knew they could express their views to them.

Respecting and promoting people's privacy, dignity and independence

- People told us how they felt their independence was supported. One person explained, "I have as much independence as I need and want, I think that is so important. I have my own front door, but I know beyond that there is always someone if I need them." Another person told us, "I have my pendant and I can ring the office if I need someone. They help me to stay independent and I like that. It is important to me."
- People's privacy and dignity were respected and promoted. This included when being supported by staff who had not met them before. Each person explained any new staff members were introduced to them and knew their support needs. One person said, "They absolutely never come to me if they have not been introduced to me first and got to know me. I think that is really important as they are coming in to my home."

- Care plans and records were written using dignified and person-centred language.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans reflected their physical, mental, emotional and social needs, including their hobbies and goals. The plans were written using kind and dignified language and were respectful of people's diverse needs and wishes. When we met and spoke with people after reading their care plan, we found the plans had been a true reflection of the person's interests, needs and preferences.
- People's life histories were known, respected and used to help staff provide personalised care with an understanding of the person and their life. We saw one person's vivid recollection of serving in the Royal Air Force had been incorporated into their care plan. Their account of their time in the forces was shared and celebrated with the Wiltshire Historical Society.
- People were supported to feel empowered in ensuring their needs and wishes were known. People were actively involved in directing their care planning. One person said, "I used to be very quiet and wouldn't say if something was on my mind. Now I know I can. It is important I say how I am feeling and what I want to have. I know that here, I am a person, I am not just a number." Another person told us, "I know I am important here, the staff help me to feel that way." A different person explained, "The only way to get what you want in life is to talk to people and speak out. I can definitely do that here."
- Staff were skilled in recognising and supporting different people's emotional wellbeing. One person told us, "I have days when I am up and others when I am down. I know I can always talk to someone. I go to [the registered manager], she gets me to talk through how I am feeling. I always feel better after, it really helps." Another person said, "I don't know where I would be without them [the staff team]." One staff member said, "We liaise with the mental health team, so people can have somebody visit them if needed. There is always somebody here if people need to talk." Any guidance received from health care professionals was used to further personalise people's care planning.
- Care plans contained very specific details which built a clear picture of the person and their needs. The plans included their preferences and the seemingly little things of importance to them which staff should be aware of. For one person, their care plan included a pictorial layout of where specific items should be kept in their flat. This was to aid the person with their routines and preferences, while supporting them to remain as independent as possible with their visual impairment.
- Reviews of care plans included quotes from people about how they felt about their care. Staff sat with people to talk about their care, to ensure the service continued to meet their needs. All reviews seen showed without exception, only positive feedback had been received. Reviews took place regularly, or when people's needs changed, to ensure their care plans accurately reflected their up-to-date care needs.
- People told us the times they were visited by staff for their care calls worked well for them. People said the visit times suited their personal lives and how they preferred to plan their day. One person explained their

night time visit enabled them to stay up for as long as they liked to in the evening. Another person said the early visits helped them to have plenty of time to be prepared for any outings or events they had in their busy day.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's accessible information and communication needs were assessed and supported. For two people this included providing large print visit charts, so they knew which staff would be supporting them each week.
- People knew they could request information in different formats if needed. They were advised of this upon moving into the service and there was an information board advertising the different options.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was an exceptionally well-established sense of local community within the service, which had been fostered by the registered manager and staff team. One person's relative told us, "Mum gained confidence [...] which is thanks to the team here for encouraging her to mix with others. [...] I would like to thank [the registered manager] and the staff for the love and dedication they show my mum." Each person we asked said they had made friends at Florence Court. One person explained how their friend from another flat would visit them, they would discuss their favourite television programmes and books.
- Some people had been supported to set up and lead social events and activities at the service. Other people joined together regularly for a sociable dining experience. Staff assisted this by preparing people's meals and bringing them to the communal dining room, so they could meet with others.
- The team recognised, when people felt low or upset, they may be at risk of self-isolation or not wanting to engage with others. People felt their mental-health was well supported by the staff team. Feedback we received during and after the inspection from different people consistently supported this.
- The service was situated in a convenient location, enabling people to access supermarkets, the local town, and places of interest. When the closest supermarket had closed for a month, the staff team set up a 'pop-up supermarket' in the service. They stocked their in-house shop with popular items people would not have been able to access otherwise.
- People told us how they accessed public transport or have safe routes of travel to walk or use their mobility aid to access the community. The service also took part in community gardening competitions and had won second prize in 2019. People helped to maintain the gardens and there were raised flower beds to help people comfortably access them.
- The activities provision at the service had been developed since the last inspection. One staff member explained this included, "Book club, gardening club, movie club, men's club where they play games and chat." One person told us they ran the knitting club at the service. Different people explained they felt no pressure to join activities but liked knowing there were the options available to them.
- We observed one of the regular visits to the service from a local nursery group. One person told us, "I am so glad I got to see the kiddies today, I have really enjoyed it." People sat and had a drink and chat with the children. The children also went to visit people in the service. The registered manager and staff understood the positive impact intergenerational interactions can have, both for the children and for older people.
- Social groups and opportunities were advertised on an information notice board in the entrance to the service. People had been introduced to support services and groups specifically around supporting people with dementia.

- There were regular social events held at the service, and everyone had the opportunity to attend if they wished to. People told us they enjoyed fish and chip evenings, also the quiz nights. Community links had been made with the 'memory café' who visited the service to hold sessions. People and those supporting them from the community were invited to attend. The memory café aims to offer opportunities for people to lead creative and meaningful lives, with support and comfort. The registered manager told us these sessions were very well attended from people living at Florence Court.
- There had been outings and there were plans to introduce more. People told us they enjoyed visiting a local safari park around Christmas. At the resident meetings, people discussed what they would like to spend money from their amenity fund on and agreed costs together for funding trips and transport.

#### Improving care quality in response to complaints or concerns

- We asked people if there was anything they would like to have improved at the service. Consistently, each person we spoke with told us there was nothing they would change.
- People told us they would feel happy and confident to raise any concerns they may have and to speak out if something was not right.
- The registered manager had a very evident "open-door policy" and we saw people and visitors stopping to have a chat with them throughout the day. People told us they knew if they had any concerns, they could raise them, and they felt confident they would be addressed promptly. One person said, "If anything worries me, I go to [the registered manager]. She says to leave it with her, and she will always come back to me." Another person explained, when they had previously had concerns, they had been "very minor and were always sorted quickly."
- No formal complaints had been received since the last inspection. There was a complaints procedure in place for managing any complaints, if they were received.

#### End of life care and support

- People's future wishes and advanced care needs had been discussed with them when their care package was agreed. The registered manager was confident in having open conversations with people and working with them to understand what was important to them personally, such as religious or cultural preferences.
- People had detailed end of life care plans in place, with their specific wishes recorded. The end of life care plans included any religious or personal preferences. Different people at the service had chosen to have their body donated to science in the event of their passing away. The staff team knew the importance of following the very specific guidance for these people, such as acting promptly within a set timeframe and contacting the appropriate people to respect their wishes and pre-planned end of life arrangements.
- People received personalised bereavement support. One person wrote to us to explain how 'each and every one of the care staff' show dedication to people in the care they provide. They said, 'Such support has helped me during my bereavement.'
- Information evenings had been held at the service, for people to learn more about the options available to them for advanced care planning. These included visits and informative talks from funeral directors and will planning services. The registered manager explained, "I think it is important people know what is available to them. We make sure they get the care they want."
- The service had supported people with end of life care and staff spoke positively about providing this care. Additional training had been researched, sourced and attended, above the provider's mandatory training requirements, to ensure greater staff confidence and knowledge. Staff told us they felt well supported by their colleagues and the management team in providing dignified and supportive end of life care.
- Compliments were received from people's relatives who had been cared for by the staff team. There were compliments thanking the staff for their approach and delivery of end of life care and support to their family member.

# Is the service well-led?

## Our findings

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

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

- People told us how living at the service had helped them to achieve positive outcomes. For example, different people we spoke with felt improved confidence and independence.
- The registered manager role-modelled person-centred care. They knew people well and helped to foster an inclusive and open culture at the service.
- We observed the registered manager engaging with different people. They supported one person to do their online shopping. They knew how to communicate with people, what people liked to drink, and what people had planned for their day. The registered manager told us, "I make sure I see as many people as I can every day."

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 registered manager understood their responsibility to act upon the duty of candour. The provider had a duty of candour policy in place.

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

- The service was led by a registered manager and recently appointed team leader. The management team had worked well together and supported one another to ensure the service was well-led.
- There was also regular regional manager support and visits from the provider's quality team. The regional manager and quality team completed compliance checks on the service, auditing different areas to monitor the quality performance.
- In addition to the quality audits, the registered manager worked with the staff team to complete their own checks of the service. These included areas such as care plans and medicines management. Care plan audits were completed with the person or their representative, to ensure all required information was captured and recorded in the plan.
- The registered manager was embedded into the staff team and had a good working relationship with them. This meant staff felt supported. The staff team told us they knew they could ask for help whenever they needed it. One staff member said, "[The registered manager] is brilliant. I have known her for a while, and I can go to her if we need any support." Another staff member explained, "[The registered manager] is a gem, she really is, so is the team leader. They are always there if we need them."
- The registered manager understood their responsibility to notify CQC and the local authority of important



events, such as safeguarding concerns.

- The staff team were confident in their roles and worked well together. Staff told us they enjoyed their job and caring for people. One staff member said, "We are like a big family, we help each other, we swap shifts, we make sure people are cared for."

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

- People and staff all told us they felt their voices counted in shaping and evolving the service.
- There were regular meetings for people to attend and they were asked for their ideas and feedback.
- Staff attended meetings to discuss any learning, communication updated and to share their ideas as a team. At the most recent staff team meeting the results of the provider's quality visit were discussed, as well as any areas for improvements.
- Different staff team members had been appointed as leads for different aspects of the service. These included leads for dementia, continence, also health and safety.

Working in partnership with others

- There were strong working partnerships with local services and resources from the provider.
- The provider employed admiral nurses, who were specialist dementia and mental health nurses. The registered manager explained the admiral nurses helped to guide the staff team in supporting people with complex needs.
- The registered manager had sourced additional training in addition to that provided by the provider. They wanted staff to continually develop their knowledge and the staff spoke positively about the encouragement they received to do this.