

The Orders Of St. John Care Trust

OSJCT Chilterns Court Care Centre

Inspection report

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Date of inspection visit:
23 April 2019
24 April 2019

Date of publication:
15 May 2019

Ratings

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

Summary of findings

Overall summary

About the service: OSJCT Chilterns Court is a care home that was providing personal and nursing care for 59 people aged 65 and over with a range of conditions.

People's experience of using this service:

- People received person-centred care that valued them as unique individuals and protected their rights. People were supported by staff who showed kindness and compassion. Positive relationships had developed between people and staff which created a relaxed, friendly atmosphere in the service.
- The service was led by an effective and caring registered manager. The registered manager had made improvements to the service which had resulted in high quality care delivered by a positive and committed staff team.
- There were effective systems in place to protect people from harm and abuse. Where risks were identified these were assessed. There were plans in place to guide staff in how to support people to manage the risks.
- People were supported in a responsive way that recognised changes in people's condition in a timely manner. Action was taken to ensure people's needs were met.
- Staff were extremely positive about the support they received. Staff felt valued and listened to and were supported to access development opportunities to continually improve their skills and knowledge.
- There were effective systems in place to monitor and improve the service. People and relatives had opportunities to feedback about the service and this was used to develop improvement plans.
- People 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.

Rating at last inspection: Rated Requires Improvement. Report published 3 May 2019. Service has improved its overall rating to Good.

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our reinspection schedule for those services rated Good.

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

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.

Details are in our Safe findings below

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

OSJCT Chilterns Court Care Centre

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by two inspectors; a specialist advisor whose specialism was nursing and two Experts by Experience (ExE). An ExE 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 Chilterns Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home accommodates up to 63 people in three units. One unit specialises in providing care and support for people living with dementia. Another unit supports people who require nursing care and includes people discharged from hospital for rehabilitation.

What we did:

Prior to the inspection we looked at information we held about the service. This included previous inspection reports and statutory notifications. Notifications are specific events the provider must notify CQC about by law. We also asked the provider to complete a Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection we looked at 11 people's care records. We looked at four staff files and other records relating to the management of the service.

We spoke with 16 people, five relatives and two visitors. We spoke with the registered manager, the area operations manager, the head of care, the clinical lead, one nurse, four members of the care team, the chef and the two activity coordinators. We also spoke with two visiting health professionals.

We observed care practice and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People understood how to keep safe and told us they felt safe. One person told us, "I feel really safe here, I'm well attended to."
- Staff had a clear understanding of how to identify and report concerns relating to harm and abuse. One member of staff told us, "I would report straight away. I could call safeguarding (local authority safeguarding team) if I needed to".
- There were systems in place to manage any concerns about people's safety. Records showed the registered manager had reported and investigated concerns appropriately.

Assessing risk, safety monitoring and management. Learning lessons when things go wrong

- Risks to people's safety and wellbeing were assessed and managed. Care plans included risk assessments. This included risks relating to people's individual needs. Care plans included clear guidance for staff in how to support people to manage risks. Staff supported people in line with their care plans.
- Accidents and incidents were reported and monitored by the registered manager and provider to identify any trends or patterns. Appropriate action was taken following accidents and incidents to reduce the risk of reoccurrence. For example, one person who had experienced a fall was referred to the Care Home Support Service (CHSS) for assessment. This had resulted in additional equipment to monitor the person to reduce the risk of unwitnessed falls.
- The environment and equipment was well maintained to ensure people were safe.

Staffing and recruitment

- There were sufficient staff to meet people's needs. People's comments included, "There are always plenty of staff around" and "They always come quickly when I press my bell."
- Staff told us staffing levels had improved and the use of agency staff had decreased. One member of staff said, "Staffing is much better now. Not as much agency."
- The provider had safe recruitment processes in place. Checks were carried out prior to staff starting work to ensure they were suitable to work in the service.

Using medicines safely

- Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- People were encouraged to self-administer their medicines and were provided with locked facilities in their rooms.

Preventing and controlling infection

- Staff had completed infection control training and followed safe infection control practices.

- All areas of the service were clean with no malodours. One person told us, "The bathroom is spotless and the bin is emptied."

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

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

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

- People's needs were assessed prior to admission to the service. These assessments were used to develop care plans that identified people's needs and how they should be met. People moving to the unit supporting people out of hospital had an assessment completed based on the information provided by staff in the previous setting. Staff told us they built on this information once people had been admitted to the service.
- Care plans reflected good practice standards and guidance. For example, care plans reflected the National Institute for Health and Care Excellence (NICE) standards for oral health in care homes. People's dietary needs reflected The International Dysphagia Diet Standardisation Initiative framework (IDDSI). IDDSI are international descriptors introducing standard terminology to describe textures for food and drink.

Staff support: induction, training, skills and experience

- Staff completed a range of training to ensure they had the skills and knowledge to meet people's needs. Nurses were supported to maintain their professional registration.
- People were confident staff had the skills to meet their needs. One person said, "Oh yes, they all know what I like, my routine and my needs."
- Staff were positive about the training and support they received. One member of staff told us, "I'm supported to progress and have been made a [job role] in the past year. Completed 'My progress to excellence' which is a qualification in team leadership. We had discussed this in my appraisal and I am now doing it. Hard work, but very interesting and helpful."

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

- People had mixed views about the food. The registered manager was aware of the concerns relating to the quality of food and was taking action to address the issues and was currently recruiting additional catering staff.
- Where people required support to eat and drink we saw that this was provided in a sensitive, respectful manner. Staff encouraged people to eat and where people did not like the choices on the menu, alternatives were offered.
- People's weights were monitored and where they were identified as at risk of weight loss there were plans in place to ensure they received fortified food and drink.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- Health professionals were positive about the service and told us people were referred to them appropriately. One health professional told us, "They don't call us when it's not necessary."
- The service worked closely with health and social care professionals when admitting people to

intermediate care beds in the service. Intermediate care is support for people leaving hospital who require further support. There were weekly multidisciplinary team meetings weekly to review people's progress and make ongoing plans. We saw feedback from one health professional who praised the nursing team working on this unit.

- Records showed that people were referred to health and social care professionals when their condition indicated a change. For example, one person was having difficulty swallowing and had been referred to speech and language therapy (SALT). On the day of the inspection a member of the SALT team assessed the person and provided guidance on the consistency of the food the person required. The person's care plan was immediately updated and an appropriate meal provided.

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

- The building was bright and attractively decorated. The unit supporting people living with dementia had a range of sensory items around the communal areas which included soft toys, photos, musical instruments, handbags and dolls.
- People's rooms were personalised with people being encouraged to bring in their own possessions.
- There were outside seating areas on all floors and we saw people enjoying these areas both on their own and with staff.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Where people's care resulted in restrictions on their liberty and they were assessed as lacking capacity to consent to the restrictions, the registered manager had submitted applications to the supervisory body to ensure any restrictions were lawful. This was reflected in people's care records.
- Where people were assessed as lacking capacity to make specific decision we saw that a best interest process had been followed. For example, one person was receiving their medicines covertly. Records showed that the person's relative, the GP and the pharmacist had been consulted in relation to a best interest decision being made.
- Staff had completed training in MCA and DoLS and understood how to apply the principles of the act when supporting people. One member of staff told us, "Firstly they are people who have rights. We need to listen, give them options and allow them to take risks."

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

Good: 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

- People were extremely complimentary about the caring approach of staff. One person told us, "They are so kind and so human. They are really helpful and wise. If someone is upset, they care." Relatives were equally complimentary about staff and the kindness and compassion they showed. One relative said, "Staff don't ignore anybody. They are friendly, always speak, take an interest in us."
- The registered manager promoted a caring culture and led by example. We saw many occasions when the registered manager spent time with people using touch to reassure and engaged people in conversations which showed they knew people well.
- Staff had a clear understanding of protecting people's rights and valuing them as unique individuals. One member of staff said, "We ensure we respect people's preferences, for example life stories, talk about people's beliefs and religion."
- Throughout the inspection we saw many caring interactions. All Staff appeared friendly and helpful to people, relatives and each other.

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

- People were involved decisions about their care. Although some people felt they were not always involved in decisions about their care they told us they were "happy with the care home routine." People and relatives told us they felt listened to.
- Records showed that people had been involved in the development of their care plans and how they wished their care to be delivered. During the inspection we saw a member of staff reviewing a care plan with a person.
- Staff explained what they were going to do and gave people choices regarding all aspects of their care and support.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to maintain and improve their independence. People told us staff promoted their independence. For example, by encouraging them to wash and dress but staying close by in case they required help. One person told us, "I am encouraged to be independent, they let me do things here but they will always help if I ask."
- Staff understood the importance of respecting people's dignity. Throughout the inspection we saw staff supporting people with dignity and protecting their privacy. For example, one person wanted support to access the toilet at lunchtime. Staff supported the person in a discreet manner to leave and return.

Is the service responsive?

Our findings

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

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

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

- People were positive about living in the service and felt staff knew them well. We observed many interactions where staff showed they knew people and used this knowledge to develop person-centred relationships with people.
- Staff were allocated people to support which resulted in consistency of care. One member of staff told us, "Knowing people is helped by staff being allocated eight people which they are responsible for. This helps getting to know people well and any changes can be acted upon swiftly."
- People enjoyed a range of activities. On the first day of the inspection farm animals visited the service. One person told us, "The home is lovely, it's beautiful. Someone takes me to the garden. It's a beautiful garden here. They're going to bring me some ice cream now. It's peaceful which is surprising because there's quite a few residents."
- There were two activity staff in post who had engaged people in deciding what activities they would like to do. People enjoyed children and parents attending a weekly toddler group in the service. Photographs showed how these visits enhanced people's well-being. The activity staff were looking for ways to engage the community and supported volunteers completing their Duke of Edinburgh award. The service also supported community groups. For example, local college students were taking part in a competition to design the artwork for a Wishing Tree to be painted in the service.
- The service worked with people to improve their lives and engage them in activities to develop their confidence and well-being. One person who had been extremely unwell when they moved to the service was seen helping staff in the kitchenette and also helped in the laundry. The person told us, "I'm very individual, I don't like people organising me. Sometimes I help folding the napkins in the dining room because there's so many. And other little jobs I like to do." Staff had arranged for the person to wear a name badge which they proudly showed us.
- The service used two care plan formats. One for people living permanently in the service and another for those staying for a respite period or in the intermediate care beds. We found that care plans for those people living permanently in the service were person centred and identified how people wished to be supported. Care plans were up to date and were regularly reviewed. Care plans for people who were staying temporarily in the service were not always up to date and were not always person-centred. We spoke to the registered manager who took immediate action to update the care plans.

Improving care quality in response to complaints or concerns

- People and relatives knew how to report concerns and were confident they would be addressed and resolved. One person told us, "I'd go to the boss with a complaint or [staff member] because I know I can go to her." No one we spoke with had raised a complaint.
- There was a complaints policy and procedure in place and this was displayed in the service. There had been no complaints since the last inspection.

End of life care and support

- People were supported with end of life care at the service if this was their choice. Care plans reflected people's end of life wishes.
- There were many letters and cards of thanks from relatives whose loved ones had been supported by the service. These included comments about, 'a solid culture of caring and compassion' and 'kindness, care and compassion'. One relative who lived abroad had thanked the registered manager for enabling them to stay in the service with their loved one and for being involved in the care and support at the end of their loved one's life.
- Staff showed genuine compassion when speaking about end of life care. One member of staff told us, "We view good end of life care as essential. People and families have an opportunity to say what they want at the end of their lives. We are passionate about keeping people pain free and we work with palliative care nurses and district nurses and others to ensure this. Families are supported, and staff have reflective meetings when a person dies. We are considering incorporating this for residents also to reflect on the impact on them."

Is the service well-led?

Our findings

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

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

- The registered manager was highly motivated and passionate about providing a person-centred service that valued and respected everyone involved and protected people's rights.
- Without exception everyone was extremely positive about the improvements made by the registered manager. One person told us, "The Manager is a lovely girl, she's comes out of her way to see if you're okay. I don't have a bad word to say and very fortunate they have so many nice members of staff here." Relatives were equally positive. One relative said, "[Registered manager] has made such improvements to this home."
- Visiting health professionals were complimentary about the registered manager and the changes they had made. Comments included: "A big improvement. Management have made all the difference. The staff are good and are happy and it's not an easy job", and "It's brilliant. The [registered manager] came and supports carers which was what was desperately needed. Assessments are now very good, much better than before. [Registered manager] is excellent and has a good rapport with staff but also not afraid to 'manage' which is what was needed."
- Staff praised the registered manager for the changes she had made. They felt valued, supported and listened to. Staff comments included, "Can't praise [registered manager] enough. Been here two years and she is excellent. Very supportive, always at the end of the phone (even at weekends). Will come in and help if needed", "I like it here. You get the support you need. I enjoy coming to work" and "[Registered manager] has made such improvements to this home. Staff feel listened to, guided and respected."
- The registered manager had worked with the provider to improve staff terms and conditions. This had resulted in improved recruitment and a reduction in the use of agency staff. This had a significant impact on the morale of staff and had resulted in improved consistency of care for people.
- The registered manager was visible about the service and took time to speak with people, relatives and staff. They promoted an open culture and fulfilled their responsibilities in relation to duty of candour.

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

- There was a clear staffing structure that ensured staff understood their roles and responsibilities.
- The registered manager monitored the quality of staff performance and supported staff to improve through the performance management process.
- There were effective systems in place to ensure the quality of the service was monitored and improved. This included a range of audits completed by team leaders, the clinical lead, head of care and registered manager. The provider also had clear oversight of the service through monthly quality visits by the area operations manager.
- The registered submitted statutory notifications where required. Providers are required to make notifications to the Care Quality Commission when certain incidents occur.

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

- There were opportunities for people and relatives to provide feedback about the service. There were regular meetings and records showed people had the opportunity to make suggestions about improving the service. There were annual quality assurance surveys that resulted in action plans to make improvements.
- Staff were involved in the development of the service and were key in improving the quality of care. The registered manager had introduced lead roles for staff and staff showed commitment to these roles. The member of staff who had taken on the dementia lead role spoke passionately about the role. They told us, "I'm doing a qualification in dementia care and feel passionate in this area. The [registered manager] is very open to any ideas or changes we may want to consider. Good dementia care is a cultural change, so we ensure staff are aware at all times, so staff have the 'Walk with Me' training and we also work with Admiral nurses."

Continuous learning and improving care

- The registered manager and provider were committed to continuous learning and improvement. The quality assurance systems enabled the registered manager to continually review and plan improvements.
- The registered manager attended regular meetings with other registered managers to share good practice and learn from others practice.
- The registered manager promoted continuous improvement in staff performance and ensured learning from events. For example, staff attended reflective meetings and completed reflective accounts to ensure they learnt from events.

Working in partnership with others

- There were weekly multidisciplinary team meetings to review the support needs of people in the intermediate care beds.
- The service worked closely with other health care professionals. The registered manager had developed positive working relationships with health professionals. This had included arranging meetings when they first joined the service to discuss the improvements they planned to make.