The Orders Of St. John Care Trust

OSJCT Patchett Lodge

Inspection report

Stukeley Road
Holbeach
Lincolnshire
PE12 7LJ

Tel: 01406422012
Website: www.osjct.co.uk

Date of inspection visit:
13 July 2017

Date of publication:
22 September 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We completed this unannounced inspection on 13 July 2017.

OSJCT Patchett Lodge can provide accommodation and personal care for 30 older people. There were 22 people living in the service at the time of our inspection.

The service was run by a charitable body who was the registered provider. At this inspection the company was represented by an area operations manager. There was a registered manager in post. 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. In this report when we speak both about the charitable body and the registered manager we refer to them as being, 'the registered persons'.

At our last inspection on 22 December 2015 we found that a number of improvements needed to be made to ensure that people consistently received a safe and responsive service. The improvements included making sure that medicines were administered in the right way. This entailed care staff checking that people were taking medicines that had been given to them. It also involved making sure that when patches were used to administer medicines they were placed on different areas of a person's skin. This is necessary so that the patches do not result in people developing sore skin. In addition to these shortfalls, we also found that people needed to be offered more opportunities to enjoy participating in social activities. At this inspection we found that each of these particular concerns had been addressed.

However, at this inspection we also found that other concerns needed to be addressed. We noted that full background checks had not always been completed before new staff were employed. In addition, we found that on four recent occasions staff had not correctly recorded each occasion when a medicine had been dispensed. A further concern was that care staff had not received all of the training the registered persons considered to be necessary. Furthermore, some of them did not have all of the competencies they needed including knowing how best to support people to have enough hydration. In addition, there were shortfalls in the arrangements used to ensure that people always had enough to drink. The shortfalls had resulted from care staff not consistently following the registered persons' procedures that were designed to ensure that people always had enough hydration. Although in practice people had received the support they needed to drink enough, oversights in following agreed procedures had increased the risk that this assistance would not be reliably provided. We also concluded that more robust quality checks were needed to enable problems to quickly be put right. These included more promptly addressing defects in the accommodation.

Our other findings were that care staff knew how to safeguard people from situations in which they might experience abuse, there were enough care staff on duty and people had been helped to avoid preventable accidents. In addition, people had been assisted to receive all the healthcare attention they needed.

Whenever possible people had been helped to make decisions for themselves. The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards under the Mental Capacity Act 2005 and to report on what we find. These safeguards protect people when they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe. In relation to this, the registered persons had ensured that people only received lawful care.

Care staff were kind and compassionate. People's right to privacy was promoted and confidential information had been kept private.

People had been consulted about the care they wanted to receive and were given the practical assistance they needed. Care staff promoted positive outcomes for people who lived with dementia and there were arrangements to quickly resolve complaints.

People had been invited to contribute to the development of their home. Care staff considered that the service was run in an open and inclusive way so that they were able to speak out if they had any concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Full background checks had not always been completed before new staff were employed.

Medicines were not always managed in the right way.

Care staff knew how to keep people safe from the risk of abuse.

People were helped to avoid preventable accidents.

There were enough care staff on duty.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Parts of the system used to ensure that people always had enough to drink were not robust.

Care staff had not received all of the training the registered persons considered to be necessary and some of them did not have all of the knowledge and skills they needed.

Care was provided in a way that ensured people's legal rights were protected.

People had been assisted to receive all the healthcare attention they needed.

Is the service caring?

Good

The service was caring.

Care staff were caring, kind and compassionate.

People's right to privacy was promoted.

Confidential information was kept private.

Is the service responsive?

Good

The service was responsive.

People had been consulted about the care they wanted to receive and were given the practical assistance they needed.

Care staff promoted positive outcomes for people who lived with dementia.

People were offered sufficient opportunities to pursue their hobbies and interests.

There was a system to quickly and fairly resolve complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Quality checks had not always resulted in problems in the running of the service being quickly put right.

People and their relatives had been asked for their opinions of the service so that their views could be taken into account.

There was good team work and staff had been encouraged to speak out if they had any concerns.

OSJCT Patchett Lodge

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 registered persons were 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.

Before the inspection, the registered persons completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we had about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the local authority who contributed to the cost of some of the people who lived in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 13 July 2017. The inspection was unannounced. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using this type of service.

During the inspection we spoke with 12 people who lived in the service and with one relative. We also spoke with two care workers, a senior care worker, the head of housekeeping, a kitchen assistant and the administrator. In addition, we spoke with the head of care, the registered manager and an area operations manager. We observed care that was provided in communal areas and looked at the care records for four people who lived in the service. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

In addition, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who were not able to speak with us.

After our inspection visit we spoke by telephone with another four relatives.

Requires Improvement

Is the service safe?

Our findings

People said that they felt safe living in the service. One of them said, "I feel safe here because I am looked after very well." A person who lived with dementia and who had special communication needs smiled and waved when we pointed to a passing member of care staff. All of the relatives said they were confident that their family members were safe in the service. One of them said, "The staff are fine. Of course mother gets on with some better than others but that's normal."

However, we found that there had been shortfalls in the background checks completed by the registered persons when appointing two new care staff. We found that in relation to both people the registered persons had not obtained a suitably detailed account of their employment histories. This in turn had reduced the registered persons' ability to determine what background checks they needed to make. In addition, in relation to one of the members of staff one of the checks that did need to be in place had not been completed. These shortfalls had limited the registered persons' ability to assure themselves about the persons' previous good conduct and to confirm that they were suitable people to be employed in the service. However, a number of other checks had been undertaken. These included checking with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. In addition, we were told that no concerns had been raised about the conduct of the members of staff since they had been appointed. Furthermore, the area operations manager assured us that the service's recruitment procedure would be strengthened to ensure that in future all of the necessary checks would be completed in the right way.

We also found that there were shortfalls in some of the arrangements that had been made to manage medicines. Although medicines were ordered, stored and disposed of correctly, records did not always show that medicines had been given at the right times. This was because on four recent occasions care staff had not completed a clear record of what medication they had given. Although other care records indicated that the people concerned had not experienced direct harm as a result of these mistakes, shortfalls in the management of medicines had increased the risk that people would not fully benefit from being supported to use medicines in the right way. However, during our inspection visit we saw medicines being administered in the right way. Senior care staff who administered medicine checked that they were giving the right medicine to the right person, waited until each tablet had been taken and then completed the necessary records.

Records showed that care staff had completed training and had received guidance in how to keep people safe from situations in which they might experience abuse. We found that care staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. Care staff were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. They knew how to contact external agencies such as the Care Quality Commission and said they would do so if they had any concerns that remained unresolved.

The registered persons had taken a number of steps to help people avoid having accidents. We saw that hot water was temperature controlled and radiators were guarded to reduce the risk of scalds and burns. In

addition, people had been provided with equipment such as walking frames and raised toilet seats. Also, care staff had taken action to promote people's wellbeing. An example of this was people being helped to keep their skin healthy by using soft cushions and mattresses that reduced pressure on key areas. Another example was staff having received guidance about how to respond in the event of a fire alarm sounding including calling the fire service and moving people to a safe place.

In addition, records of the accidents and near misses involving people who lived in the service showed that most of them had been minor and had not resulted in the need for people to receive medical attention. We saw that the registered manager had analysed each event so that practical steps could then be taken to help prevent them from happening again. An example of this was people being offered the opportunity to be referred to a specialist clinic after they had experienced a number of falls. This had enabled care staff to receive expert advice about how best to assist the people concerned so that it was less likely that they would experience falls in the future.

Some of the people who lived in the service said that they did not consider there were always enough care staff on duty. A person who lived in the service said, "In the morning you ring your bell and it can be a long wait - too long. It's not the fault of the staff, they're doing their best but there aren't enough of them." Most of the relatives also voiced concerns about this matter. One of them remarked, "I definitely do not think that there are enough care staff on duty. I have seen people waiting for assistance and I have seen staff rushing around which isn't fair on them either." Another relative commented, "That's my one complaint about the service – staffing. It's obvious that there aren't enough staff and I think it leads to care getting frayed at the edges. People get care but it can be basic and hurried."

The registered manager told us that they had completed an assessment of the minimum number of care staff who needed to be on duty taking into account how much assistance each person required. Records showed that the service was reliably being staffed in accordance with this assessment. In addition, we saw call bells being answered quickly. We also noted that when people who were sitting in one of the lounges asked for assistance this was promptly provided. Furthermore, we saw people who were cared for in their bedroom receiving the assistance they needed. We concluded that there were enough care staff on duty at the time of our inspection visit to enable people to receive the care they needed. However, we discussed the concerns we had received about this matter with the area operations manager and with the registered manager. They assured us that they would reconsider whether there were enough care staff on duty and make any changes that were necessary.

Requires Improvement

Is the service effective?

Our findings

People said that they were well supported in the service and they were confident that staff knew how to provide them with the practical assistance they needed. One of them said, "The staff are very good here. I've no concerns on that score." Relatives were also confident that staff had the knowledge and skills they needed. One of them commented, "The staff understand my family member really well. The issue isn't their competence, it's the amount of time they actually have to give each person. On some occasions quite simply it isn't enough to give a bespoke service." Another relative remarked, "I would like my mother to be given more one to one assistance at meal times to encourage her to eat and drink. I think she would drink more if a member of staff was there to gently but consistently remind her not to leave her drink."

We found that there were shortfalls in the arrangements that had been made to support two people who the registered manager said were at risk of not drinking enough. We were told that care staff were carefully monitoring and recording how much each of these people was drinking each day. This was so that action could quickly be taken if they were not having enough hydration to maintain their health. However, we found that this assistance was not always being provided in an organised way. We noted that the records care staff were supposed to keep each time a person had something to drink were not being completed in the right way. Some of the entries had been made on the wrong form and we were told that some entries had not been made at all. We also noted that care staff did not know how to calculate the individual targets for each person showing how much hydration they needed to have each day. In addition, no action had been taken over a period of two days when the people concerned had not taken the minimum hydration which the registered manager said was necessary.

We asked two members of care staff about the steps they took to support the two people concerned to drink enough. Neither of them knew about the expectation for them to monitor the hydration taken each day by the people. In addition, neither of them were confident that they could recognise the signs of someone becoming dehydrated and both of them said that they would benefit from receiving more training in the subject.

Although the people concerned told us that care staff did in practice encourage them to drink enough, shortfalls in the arrangements used by the service had increased the risk that they would not consistently receive all of the assistance they needed to have enough hydration to promote their good health. We raised our concerns with the registered manager who told us that immediate steps would be taken to ensure that people were fully supported to have enough hydration.

Most people told us that they enjoyed their meals with one of them remarking, "The food is okay here, we get enough and there's always a choice." Records also showed that people were offered a choice of dish at each meal time and when we were present at lunch we noted that the meal time was a relaxed and pleasant occasion. In addition, we found that people were being supported to have enough nutrition. People had been offered the opportunity to have their body weight regularly checked so that any significant changes could be brought to the attention of a healthcare professional. We also noted that when necessary care staff assisted people to eat their meals.

Care staff told us and records confirmed that new care staff had undertaken introductory training before working without direct supervision. Previously, one of the registered provider's learning and development advisors had told us that this training complied with the guidance set out in the Care Certificate. This is a nationally recognised model of training for new care staff that is designed to equip them to care for people in the right way. In addition, records showed that care staff regularly met with a senior colleague to review their work and plan for their professional development.

In their Provider Information Return the registered persons told us that it was important for care staff to receive refresher training in key subjects to ensure that their knowledge and skills were up to date. These subjects included how to safely assist people who experienced reduced mobility, first aid, infection control and fire safety. Although we noted the training records to be contradictory and partly out of date, they showed us that some care staff had not received all of the necessary training. Although we found that in practice care staff knew how to care for people in the right way shortfalls in the provision of training increased the risk that care staff would have all of the competencies they needed to provide safe care.

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 law 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We found that care staff were supporting people to make various decisions for themselves. An example of this occurred when we saw a member of staff explaining to a person who lived with dementia why they needed to correctly hold onto banister rails in hallways so that there was less risk of them losing their balance. We noted how the person responded positively to this information and benefited from being able to walk along the hallway with more confidence.

People can only be deprived of their liberty in order to receive care and treatment when this is legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed that the registered persons had made all of the necessary applications to the local authority to ensure that people only received lawful care.

People said and records confirmed that they received all of the help they needed to see their doctor and healthcare professionals including dentists and opticians. A person spoke about this commenting, "The staff get me my doctor straight away if I need them." Relatives confirmed this account with one of them saying, "The service is very good about calling the doctor and they always tell me too so that I know what's going on."

Good

Is the service caring?

Our findings

People were positive about the quality of care that they received. One of them said, "I think that the staff are kindness itself and they all do their best. Another person remarked, The staff speak to me nicely like family would." In addition, we noted that people who lived with dementia and who had special communication needs were relaxed in the company of staff. One of them was carrying a favourite photograph around with them and we saw them approach a member of care staff who then asked them about the picture. The person smiled and was pleased to point out details on the photograph to the member of staff. Relatives also told us that they were confident that their family members were treated in a compassionate way. One of them said, "Yes, I have no concerns at all about the staff who do the best job they can. They're gentle, kind and helpful. The issue is how many staff there are on duty."

We saw that people were treated with compassion, kindness and respect. We saw care staff making a special effort to welcome people when they first moved into the service so that the experience was positive and not too daunting. Another example was the way in which people were helped to celebrate their birthdays. This included having a birthday cake made for them and if the person wanted they could also have a party. We also saw that people were asked about how and when they wanted their care to be provided. Examples of this included care staff asking people how they wished to be addressed and establishing if they wanted to be checked during the course of the night.

We saw care staff taking the time to speak with people and we observed a lot of positive conversations that promoted people's wellbeing. An example of this involved a member of care staff spending time with a person while they were in the garden. The person was enjoying a cup of tea in the sunshine and we saw the member of staff chatting with them about the ducks that were gathered nearby.

Care staff recognised the importance of not intruding into people's private space. People had their own bedroom to which they could retire whenever they wished. Bedrooms were laid out as bed sitting areas so that people could relax and enjoy their own company if they did not want to use the communal areas. We saw care staff knocking and waiting for permission before going into bedrooms. In addition, when they provided people with close personal care staff made sure that doors were shut so that people were assisted in private.

We found that people could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wanted to do so. We also noted that care staff had assisted people to keep in touch with relatives. This included people being offered the opportunity to make and receive telephone calls in private using the service's cordless handset. In addition, the service had a wireless internet connection that could be used by people who lived in the service and their visitors.

Written records which contained private information were stored securely. Computer records were password protected so that they could only be accessed by authorised staff. We also noted that care staff understood the importance of respecting confidential information. An example of this was the way in which care staff did not discuss information relating to a person who lived in the service if another person who

lived there was present. We saw that when care staff needed to discuss something confidential they went into the office or spoke quietly in an area of the service that was not being used at the time.

Good

Is the service responsive?

Our findings

People told us that the care staff consulted with them about the care they received. One of them said, "I have a chat with the staff and we decide what help I want as on some days I'm better on my feet than others. So the help I need varies and that's fine with the staff." Relatives also said that they had been asked about the assistance their family members needed and wanted to receive. One of them remarked, "When mother first went into the home I spoke quite a lot with the staff about the help they needed. The staff are willing to listen if I say something needs doing differently and usually it gets done."

We found that care staff had consulted with each person about the care they wanted to receive and had recorded the results in an individual care plan. These care plans were regularly reviewed to make sure that they accurately reflected people's changing wishes.

People said that care staff provided them with a wide range of assistance including washing, dressing and using the bathroom. One of them remarked, "The staff help me get washed and my clothes are always nice and clean. My room is cleaned every day." Another person said, "The staff are always willing to help me. At busy times of day you do have to wait but once they get around to you they're very good." Records confirmed that each person was receiving the assistance they needed as described in their individual care plan. This included washing and dressing, using the bathroom and safely moving about their home.

We saw a lot of practical examples of care staff supporting people to make choices. One of these involved a person who lived with dementia and who had special communication needs. A member of staff used a number of methods to ask the person if they were comfortable. This was because they had noticed that the person was sitting in the conservatory in full sun. The member of staff suggested to the person that they change seats to one that was more in the shade so that they did not become too hot. The person was willing to follow this suggestion and we saw them smile when they had moved to a cooler position.

We noted that care staff promoted positive outcomes for people who lived with dementia. This included both enabling them to be settled and supporting them if they became distressed. An example of this occurred when we saw that a person was becoming anxious because they were not sure what time their next meal would be served. A member of care staff responded to this by pointing to a nearby clock to explain that the person had just enjoyed their lunch and to show them when their tea time meal was due to be served. The person still wanted to sit in the dining room and we saw the member of staff accompany them to the room where they were pleased to be served with a cup of tea and biscuits.

Care staff understood the importance of promoting equality and diversity. They had been provided with written guidance and they knew how to put this into action. We noted that people were offered the opportunity to meet their spiritual needs by attending a religious ceremony that was held in the service. We also found that suitable arrangements had been made to respect each person's wishes when they came to the end of their life. This had included making arrangements to enable relatives to stay in the service in order to be nearby to offer comfort and support. It also involved helping relatives to make all of the practical arrangements that are necessary when someone reaches the end of their life.

People told us that there were enough activities for them to enjoy. One of them said, "There's pretty much something going on most days and I prefer to see activity so the place isn't too sleepy." Relatives also gave positive feedback with one of them remarking, "The atmosphere isn't too quiet. However, I do think that there should be an enclosed garden. This would enable my mother who lives with dementia to sit outside more and not to have to wait for rare occasions when there's a member of staff available to go with her. She would not be safe sitting on her own in the service's garden as it is because it opens out onto the driveway and from there to the road."

There was an activities coordinator and records showed that people were being offered the opportunity to enjoy taking part in a range of social events. These included activities such as arts and crafts, cooking, gardening and gentle armchair exercises. During our inspection we saw 10 people sitting in one of the lounges enjoying a quiz. There was a lot of laughter and people were enjoying seeing who could most quickly answer the questions. In addition, records showed that people had been supported to enjoy trips out to places including a local garden centre and a designer shopping outlet.

People said and showed us by their confident manner that they would be willing to let care staff know if they were not happy about something. We saw that people had been given a complaints procedure that explained their right to make a complaint. In addition, relatives were confident that they could freely raise any concerns they might have. One of them said, "I can't recall having to make a complaint as such. There will always be niggles but in general things get put right once you raise them. I find the manager to be helpful."

We noted that the registered persons had a procedure to ensure that any complaints that were received in the future could be quickly and fairly resolved. We were told that the registered persons had not received any formal complaints in the 12 months preceding our inspection.

Requires Improvement

Is the service well-led?

Our findings

Most people told us that they considered the service to be well managed. One of them said, "I get the help I need and the place seems to run okay each day." Although relatives also said that the service was well led, most of them repeated their concerns about the adequacy of staffing levels. Expressing this view one of them remarked, "If it wasn't for the problem with staffing levels I would say it's very well run. But the owners need to get on top of that issue before I give it 10 out of 10. It's about seven out of 10 at the moment."

Records showed that a number of quality checks were being completed that were designed to ensure that people reliably received safe care. These included audits of the delivery of personal care, the management of medicines, the promotion of good standards of infection control, the recruitment and training of staff and the maintenance of the accommodation. However, we noted that these quality checks had not always resulted in issues quickly being put right leading to the persistence of the problems we have described earlier in our report. These included the completion of recruitment checks, the creation of medicines records, the arrangements used to ensure that people always drank enough and the delivery of training for care staff. In addition to this, we noted that checks of the accommodation had not always resulted in defects being put right. Examples of this included numerous places where paintwork was badly chipped and scoured, a damaged and crudely repaired water closet in a communal toilet and disused electrical wires that had been left protruding through an area of the ceiling. We raised our concerns with the area operations manager who assured us that the completion of quality checks would be strengthened so that problems in the running of the service could be more quickly put right in the future.

We noted that the registered persons had correctly told us about a number of significant events that had occurred in the service. These included a small number of accidents that had resulted in a person needing medical attention. This had enabled us to promptly establish that suitable steps had been taken to keep people safe. In addition, the registered persons had correctly displayed the ratings we had given to the service. This information is designed to help people make an informed choice when deciding whether to use the service.

People said that they were asked for their views about their home as part of everyday life. One of them remarked, "I'm always chatting with the staff about this or that. It's not at all formal and it suits me." In addition, records showed that people had been invited to attend regular residents' meetings so that they had the opportunity to suggest improvements to the running of the service. We saw that when people had suggested improvements action had been taken to introduce them. An example of this was the activities coordinator offering people more regular opportunities to enjoy trips out to places of interest.

People and their relatives said that they liked seeing the registered manager around the service. They also said that the registered manager was approachable and genuinely interested in the wellbeing of the people who lived in the service. One of the relatives said, "I think that the manager and the senior staff are very helpful and they're someone to go to if you need something done." During our inspection visit we saw the registered manager talking with people who lived in the service and with care staff. We also noted that the registered manager supported by a senior care worker knew about the care each person was receiving.

Furthermore, they knew about points of detail such as which members of care staff were on duty on any particular day. This level of knowledge helped them to run the service so that people received the care they needed.

We found that care staff were provided with the leadership they needed to develop good team working practices so that people received safe care. There was always a senior member of care staff on duty and in charge of each shift during the day and the evening. In addition, during out-of-office hours there was always a senior colleague on call if care staff needed advice. Care staff said and our observations confirmed that there were handover meetings at the beginning and end of each shift. At these meetings significant developments in each person's care were noted and reviewed. In addition, there were staff meetings at which care staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that care staff had the knowledge and systems they needed to care for people in a responsive and effective way.

There was an open and relaxed approach to running the service. In addition, staff were confident that they could speak to the registered manager if they had any concerns about another staff member. Care staff told us that positive leadership in the service reassured them that they would be listened to and that action would be taken if they raised any concerns about poor practice.