The Orders Of St. John Care Trust

OSJCT Isis House Care & Retirement Centre

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 responsive?	Good

Summary of findings

Overall summary

We inspected OSJCT Isis House Care and Retirement Centre on 21 January 2016. This was an unannounced inspection.

Isis House is a care home providing care and support to 80 older people. The home offers residential care, nursing care, Intermediate care and dementia care. The home is part of The Order of St John Community Trust. On the day of our visit 78 people were living at the home.

We carried out an unannounced comprehensive inspection of this service on 18 June 2015. Breaches of legal requirements were found relating to insufficient staffing levels and consent under the Mental Capacity Act 2005. We also identified concerns with the accuracy and details of some care plans and the lack of opportunity for people to leave the home and maintain local community links. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to providing sufficient staff to support people's needs and having suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them in accordance with the Mental Capacity Act 2005. The provider sent us an action plan in July 2015 stating the action they would take to improve the service to the required standard.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met the legal requirements. At this inspection we found actions had been completed and improvements made. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for OSJCT Isis House Care and Retirement Centre on our website at www.cqc.org.uk.

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.

There were sufficient staff to meet people's support needs. We saw staff were not rushed in their duties and had time to talk with people and complete administration tasks. Where people required the support of two staff members, this requirement was consistently fulfilled. Records confirmed sufficient staffing levels were consistently maintained.

The registered manager and staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA) which governs decision-making on behalf of adults who may not be able to make particular decisions themselves. People's capacity to make decisions was assessed appropriately.

The service sought people's consent. We observed staff seeking consent in line with the MCA 2005 and records confirmed people were involved in reviews and decisions around their care. Where people lacked

capacity to make certain decisions their best interests were considered and decisions were made in the least restrictive way.

People's care plans were personalised, accurate and regularly reviewed. We saw where people's care was closely monitored, records were accurate and up to date ensuring the support plans reflected people's situation and current needs.

A range of activities were available to people reducing the risk of social isolation. People also had the opportunity to maintain community links. People went out to local places of interests and events and the service provided a mini bus for people to enjoy activities outside of the home.

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.

There were sufficient staff deployed to meet people's needs.

Risks to people were managed and where two staff were required they were consistently deployed to support them.

Is the service effective?

Good

The service was effective.

The registered manager and staff were knowledgeable and applied the principles of the Mental Capacity Act 2005 in their day to day work.

Staff sought people's consent, offered choices and respected their decisions.

People's capacity to make certain decisions was appropriately assessed and their best interests were considered.

Is the service responsive?

Good

The service was responsive.

People's care plans were personalised, accurate and regularly reviewed.

The service responded to people's specific needs and sought professional advice where appropriate.

People told us they enjoyed activities in the home and had opportunities to engage in hobbies, interests and outings.

OSJCT Isis House Care & Retirement Centre

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of OSJCT Isis House Care and Retirement Centre on 21 January 2016. This inspection was carried out to check that improvements to meet legal requirements had been addressed by the provider following our 18 June 2015 inspection. The team inspected the service against three of the five questions we ask about services: is the service safe, effective and responsive. This is because the service was not meeting some legal requirements.

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We spoke with nine people, three relatives, nine care staff, and the registered manager. We looked at seven people's care records and a range of records relating to the management of the service. The methods we used to gather information included pathway tracking, which captures the experiences of a sample of people by following a person's route through the service and getting their views on it. 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 could not talk with us.

Before the inspection we reviewed previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about in law.

Good

Is the service safe?

Our findings

At our last inspection on 18 June 2015 we asked the provider to take action in relation to staffing levels. There was not sufficient staff to meet people's needs. This was a breach of Regulation 18 HSCA (RA) Regulations 2014 Staffing. At this inspection we found actions had been completed and improvements made.

On the day of our inspection we saw there were sufficient staff on duty to meet people's needs. The registered manager told us staffing levels were set by the "Dependency needs of our residents". Staff were not rushed in their duties and had time to sit and chat with people. We noted people were assisted promptly when they called for help using the call bell. Staff rota's confirmed planned staffing levels were consistently maintained. Where there was a shortage of permanent staff, any shortfalls in staffing levels were made up by agency staff. We observed staff had time to complete administration tasks relating to people's care. For example, staff were able to update care plans and food and fluid charts. We saw one staff member completing these tasks and asked them if they had time to do this. They said "Oh I always get this done before the end of my shift. I have the time".

We asked people if there were sufficient staff to support them and how quickly staff responded to call bells. People gave conflicting views. Comments included; "The carers come quickly when I need help", "Sometimes the carers take a while to answer the call bells" and "The speed of answering call bells depends as to who is on duty. Some staff will do anything for you. They put their heart and soul into the job. Others are not so good, so will sometimes take a long time to answer the call bells. The care leader seems to have time to listen to you. Others do not appear to want to sit and listen with you". A relative said "At times the staff seem to be more task orientated. Some will sit down and chat to my dad, but not always". We spoke with the registered manager who told us these issues were around individual staff and they were "Dealing with the issues through performance management". On the day of our inspection we could not find any evidence to support people's negative comments.

Most staff told us there were sufficient staff to support people. Comments included; "Yes there is enough. I'm not rushed at all. We work as a team and help each other", "We've enough staff. Handovers are calm and not rushed and I get time to chat with residents", "I have enough staff to run my unit and we get time to write up care plans" and "We have staff to do what we need to do". Two staff gave a conflicting view. One said "Not enough, we are short staffed, I don't get the chance to talk to residents". Another said "We are short staffed every day, really rushed". We asked these two staff if this impacted on people's care. We also asked if they had time to complete administration tasks relating to people's care. Their comments included; "We do get time for handovers and I have time to write care plans. People's care is not affected" and "Things get done and I don't think it is unsafe for residents, they do get the care. Handovers are well organised".

Where risks to people had been identified there were sufficient staff deployed to manage the risk. For example, one person was at risk of falls. A risk assessment was in place containing details of how the person was to be safely supported. The person was able to mobilise with a frame but needed staff to assist them to get out of bed. Staff were also advised to keep the person's room 'clutter free' to reduce trip hazards. We saw

staff supporting this person to mobilise and we went to their room and saw it was tidy and clutter free. Where two staff we required to assist people we observed this requirement was followed consistently throughout the day.

Good

Is the service effective?

Our findings

At our last inspection on 18 June 2015 we asked the provider to take action to make improvements relating to obtaining people's consent. The service did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of people in
relation to the care and treatment provided for them in accordance with the Mental Capacity Act 2005. This was a breach of Regulation 11 HSCA (RA) Regulations 2014. At this inspection we found actions had been completed and improvements made.

We discussed the Mental Capacity Act (MCA) 2005 with the registered manager who was knowledgeable regarding the act. 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 were supported by staff who had been trained in the MCA and applied it's principles in their work. Staff offered people choices and gave them time to decide before respecting their decisions. Staff spoke with us about the MCA. Staff comments included; "It's about decisions and choices. We ensure people can choose and I go with those decisions. It is decision specific and if I thought someone was struggling with a decision I would go and tell the nurse", "It's important we find a way to reach some residents as it's all about their decisions. We give choices and options but everything is in their best interests" and "You assume they have capacity and respect their decisions. We offer choice and always do things in their best interests".

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). One person was subject to a DoLS application and we saw their best interests had been consider by healthcare professionals, staff and the person's family. The person had been subject to a previous DoLS authorisation, which had expired and a new authorisation had been applied for, in line with the MCA. Another person was also subject to a DoLS application. The service was awaiting the authorisation.

People were supported by staff who had the knowledge and guidance to carry out capacity assessments. Care plans contained a document entitled 'Procedure for undertaking a capacity assessment'. This document detailed the steps staff were to take and the various stages of the assessment which ensured the correct procedure was adhered too. Capacity assessments were decision specific and involved specialists and healthcare professionals. For example, one person required bedrails at night to keep them safe. A detailed risk assessment was in place to manage the risks associated with bedrails. The capacity assessment for this decision had involved the providers 'Admiral Nurse' who specialised in dementia care, the community mental health team and the care home support service mental health nurse. The capacity assessment was detailed and had been completed in line with the procedure guidance.

People were supported by staff who sought their consent. We asked staff about consent and their comments included; "I explain simply or I show them. I always ask permission" and "I ask every time. If they don't understand I show them or ask in a different way". One care leader said "My staff do seek consent. I see them do it all the time". Care plans evidenced people were involved in their care, reviews of care plans and they had given consent. For example, one person had a relative appointed as having lasting power of attorney for decisions relating to their care. This relative had signed the person's care plan on their behalf. We spoke with a nurse who told us about seeking consent and involving people in care reviews. They said "They (people) take part in reviews and the families are invited in for the reviews. We usually hold them in people's rooms to ensure they are involved and can understand and give permission to any changes in care".

People were supported by staff who offered choices and respected people's decisions. We observed the lunchtime meal. Staff were attentive and supported people appropriately offering choices and respecting people's decisions. For example, one person chose to eat in their room and was supported by a member of staff to do this. The staff member supported the person at their own pace and respected decisions made by the person.

Good

Is the service responsive?

Our findings

At our last inspection on 18 June 2015 we asked the provider to take action to make improvements relating to the accuracy and content of people's care plans. Some care plans did not contain sufficient information to allow staff to support people appropriately. Other care plans were task orientated and not personalised. The registered manager had identified this concern and was taking action. We also found some people were at risk of social isolation and many people told us they did not have opportunities to go outside of the home. At this inspection we found actions had been completed and improvements made.

People's care plans were personalised, accurate and regularly reviewed. For example, one person had specific needs and we saw their care plan was reviewed monthly to address their needs. The reviews detailed the person's progress and highlighted any issues arising from the review. Risks to this person were also reviewed monthly ensuring the service could respond any changes to this person's support needs.

One person's review highlighted they had a pressure ulcer. Specialist advice had been sought and their guidance was being followed. This guidance included monitoring and moisturising the person's skin and the use of pressure relieving equipment. The care plan notes evidenced this guidance was being followed and we went to this person's room and saw the pressure relieving equipment was in place. Care notes also showed the person's pressure ulcer was healing.

Where people were at risk of weight loss the service responded to manage the risk. For example, one person had a poor appetite and was at risk of losing weight. A referral to the speech and language therapist (SALT) had been made and their guidance was being followed. Staff maintained food and fluid charts, recording the amounts the person had to eat and drink. These were consistently maintained. A further referral to SALT had been made as the staff and family felt the person may still be struggling with swallowing. Whilst waiting for an appointment staff were following interim advice from SALT which included the person having pureed meals. We observed this person having a pureed meal and weight recording charts confirmed the person had gained weight.

People told us they enjoyed activities in the home. Comments included; "There are lots of activities here which I like. We have flower arranging and knitting. Last week in the cinema area we watched Dads Army which was fun. We have a church service each week. The foot person comes every six weeks. I went to the hairdressers here yesterday and what a good job she did. I will go out in the van (mini bus) later in the spring" and "I can go outside if I want to and there is a carer who can go with me and my walking frame. My son is on his way to visit me this morning and he is taking me out for lunch" . One relative said "[Person] has been out in the mini bus once and enjoyed it, but at present he prefers to go out with us in our car, which we will continue to do whilst he can still get into the car".

People's care plans contained details of their hobbies and interests. One person had stated they enjoyed reading, walking and creative activities. Daily notes evidenced this person engaged in creative and other activities in the home. An activities programme was published and displayed every week. This included sing a longs, painting, flower arranging films and games. The service also had a mini bus that was used to take

people out to events and places of local interest. For example, people had gone out to ten pin bowling, the local ice rink, a carol service and community centre. We also saw outings were scheduled for a local museum and the garden centre.

We saw the December 2015 newsletter published by the service. This contained pictures of people engaged in activities over the Christmas period and included photographs of Christmas dinner, visiting reindeers and a talent show. The photographs showed staff, people and their families enjoying the activities provided