The Orders Of St. John Care Trust

OSJCT Foxby Court

Inspection report

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Date of inspection visit:
10 November 2017

Date of publication:
20 December 2017

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

OSJCT Foxby Court is registered to provide accommodation and personal care for 46 older people. There were 46 people living in the service at the time of our inspection visit.

The service was run by a charitable body who was the registered provider. 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 about both the charitable body and the registered manager we refer to them as being, 'the registered persons'.

At the last inspection on 15 April 2015 the service was rated, 'Good'.

At this inspection we found the service remained, 'Good'.

In more detail, there were systems, processes and practices to safeguard people from situations in which they may experience abuse. Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. In addition, medicines were managed safely. Suitable arrangements had been made to ensure that sufficient numbers of suitable staff were deployed in the service and background checks had been completed before new care staff had been appointed. People were protected by their being arrangements to prevent and control infection and lessons had been learnt when things had gone wrong.

Care staff had been supported to deliver care in line with current best practice guidance. People enjoyed their meals and were supported to eat and drink enough to maintain a balanced diet. In addition, suitable steps had been taken to ensure that people received coordinated and person-centred care when they used or moved between different services. People had been supported to live healthier lives by having suitable access to healthcare services so that they received on-going healthcare support. Furthermore, people had benefited from the accommodation being adapted, designed and decorated in a way that met their needs and expectations.

Suitable arrangements had been made to obtain consent to care and treatment in line with legislation and guidance.

People were treated with kindness, respect and compassion and they were given emotional support when needed. They were also supported to express their views and be actively involved in making decisions about their care as far as possible. This included having access to lay advocates if necessary. Confidential information was kept private.

People received personalised care that was responsive to their needs. This included offering people the opportunity to pursue their hobbies and interests. People's concerns and complaints were listened and responded to in order to improve the quality of care. In addition, suitable provision had been made to support people at the end of their life to have a comfortable, dignified and pain-free death.

There was a positive culture in the service that was open, inclusive and focused upon achieving good outcomes for people. People benefited from there being a management framework to ensure that staff understood their responsibilities so that risks and regulatory requirements were met. The views of people who lived in the service, relatives and staff had been gathered and acted on to shape any improvements that were made. Quality checks had been completed to ensure people benefited from the service being able to quickly put problems right and to innovate so that people could consistently receive safe care.

Good team work was promoted and staff were supported to speak out if they had any concerns about people not being treated in the right way. In addition, the registered persons worked in partnership with other agencies to support the development of joined-up care.

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, 'Good'.	**Good**
Is the service effective? The service was, 'Good'.	**Good**
Is the service caring? The service was, 'Good'.	**Good**
Is the service responsive? The service was, 'Good'.	**Good**
Is the service well-led? The service was, 'Good'.	**Good**

OSJCT Foxby Court

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 continued to meet 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 held 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 commissioning bodies who contributed to purchasing some of the care provided 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 10 November 2017 and 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 13 people who lived in the service and with six relatives. We also spoke with two senior members of care staff, four members of care staff, two housekeepers, the laundry manager and the activities manager. In addition, we met with the registered manager and with the 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 could not speak with us.

Good

Is the service safe?

Our findings

People told us that they felt safe living in the service. One of them said, "I am very pleased I chose this service. It has a good reputation locally and rightly so." Another person said, "It's nice being here. If anything happens there is always someone about." Relatives were confident that their family members were safe. One of them remarked, "They care really well here for my family member and it's homely and welcoming."

There were systems, processes and practices to safeguard people from situations in which they may experience abuse. Records showed that most care staff had completed training and had received guidance in how to protect people from 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. They told us they were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. In addition, we noted that the registered persons had established robust and transparent systems to assist those people who wanted help to manage their personal spending money. This contributed to protecting people from the risk of financial mistreatment.

We found that risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. This included measures that had been taken to help people avoid preventable accidents. We saw that hot water was temperature controlled and radiators were guarded to reduce the risk of scalds and burns. In addition, people were provided with equipment such as walking frames and raised toilet seats to reduce the risk of falls.

We found that medicines were managed safely. There were reliable arrangements for ordering, storing, administering and disposing of medicines. There was a sufficient supply of medicines and senior care staff who administered medicines had received training. We saw them correctly following the registered person's written guidance to make sure that people were given the right medicines at the right times.

There were enough care staff on duty to promptly provide people with the care they needed. This enabled people to be given the individual assistance they needed and wanted to receive.

Records showed that the registered persons had completed a number of recruitment checks on new care staff before they had been appointed. These included checking with the Disclosure and Barring Service to show that applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. They also included obtaining references from previous employers. These measures had helped to establish applicants' previous good conduct so that only suitable people were employed to work in the service.

There were suitable systems to protect people by the prevention and control of infection. Records showed that the registered manager had assessed, reviewed and monitored what provision needed to be made to ensure that good standards of hygiene were maintained in the service. We found that the accommodation was clean and had a fresh atmosphere. We also noted that equipment such as hoists and commodes were in good condition, had washable surfaces and were clean. In addition, we noted that soft furnishings, beds

and bed linen had been kept in a hygienic condition. Furthermore, we saw that care staff recognised the importance of preventing cross infection. They were wearing clean uniforms, had access to antibacterial soap and regularly washed their hands.

We found that the registered persons had ensured that lessons were learned and improvements made when things had gone wrong. Records showed that the registered manager had carefully analysed accidents and near misses so that they could establish how and why they had occurred. We also noted that actions had then been taken to reduce the likelihood of the same thing happening again. These actions included considering the need to refer people to specialist healthcare professionals who focus on helping people to avoid falls. They also included practical measures such as a person being kept safe by having a special mat by the side of their bed. This alerted care staff if the person got out of bed at night so that they could quickly assist them to move without the risk of them falling. In addition, we noted that the area operations manager had developed a 'Resident Risk Map'. This document carefully identified a number of risks to people's health and safety so that it was easier for care staff to identify how well their care was meeting each person's changing needs.

Good

Is the service effective?

Our findings

People were confident that the care staff had the knowledge and skills they needed. They were also confident that care staff had their best interests at heart. One of them said, "The staff here are excellent and give me all of the help I need." Relatives were also confident about this matter one of whom said, "The staff are very good and I find them to be very helpful."

We found that robust arrangements were in place to assess people's needs and choices so that care was provided to achieve effective outcomes. Records showed that the registered manager and senior care staff had carefully established what assistance each person needed before they moved into the service. This had been done to make sure that the service had the necessary facilities and resources. Records also showed that the initial assessments had suitably considered any additional provision that might need to be made to ensure that people did not experience discrimination. An example of this was the registered manager and senior care staff clarifying with people if they had a preference about the gender of the care staff who provided them with close personal care.

Records showed that new care staff had received introductory training before they provided people with care. In addition, established care staff had received most of the on-going refresher training the registered persons said they needed in order to keep their knowledge and skills up to date. We found that care staff knew how to care for people in the right way. An example of this was care staff knowing how to support people who lived with particular medical conditions. Other examples were care staff knowing how to correctly assist people who experienced reduced mobility, who were at risk of developing sore skin or who needed help to promote their continence.

People told us that they enjoyed their meals. One of them remarked, "The food here really is remarkably good and we always get more than enough." We were present at lunch time and we noted that the meal time was a relaxed and pleasant occasion. The dining tables were neatly laid, people were offered a choice of dishes and the meals were attractively presented. In addition, people were offered a selection of drinks.

We found that people were being supported to eat and drink enough to maintain a balanced diet. 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 care staff were making sure that people were eating and drinking enough to keep their strength up. In addition, the registered manager had arranged for some people who were at risk of choking to have their food specially prepared so that it was easier to swallow.

Suitable arrangements had been made to ensure that people received effective and coordinated care when they were referred to or moved between services. An example of this included care staff offering to accompany people to hospital appointments so that they could pass on important information to healthcare professionals.

People were supported to live healthier lives by receiving on-going healthcare support. Records confirmed

that people had received all of the help they needed to see their doctor and other healthcare professionals such as dentists, opticians and dietitians. We saw an example of this during our inspection visit when a senior member of staff spent quite a long time on the telephone to the local doctor's surgery. This was so that a person who had just moved into the service could quickly be registered as a patient of the surgery in case they needed any medical assistance.

We found that people's individual needs were suitably met by the adaptation, design and decoration of the accommodation. People were able to move about their home safely because there were no internal steps. There was sufficient communal space in the dining room and in the lounges. In addition, most areas of the accommodation were well decorated and comfortably furnished.

Suitable arrangements had been made to obtain consent to care and treatment in line with legislation and guidance. This involved the registered persons and care staff following the Mental Capacity Act 2005. This law 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 the registered manager and care staff were supporting people to make decisions for themselves whenever possible. They had consulted with people who lived in the service, explained information to them and sought their informed consent. Records showed that when people lacked mental capacity the registered manager had ensured that decisions were taken in people's best interests. An example of this was the registered manager liaising with relatives and healthcare professionals when a decision needed to be made about a person undergoing a particular medical procedure. This had enabled careful consideration to be given to whether the benefits of undergoing the procedure outweighed the distress the person might experience.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and 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 the necessary applications for DoLS authorisations so that people who lived in the service only received lawful care.

Good

Is the service caring?

Our findings

People were positive about the care they received. One of them remarked, "The staff are very kind people and I like to know that they're around." Another person said, "I think these staff are lovely. They will do anything you ask." Relatives were also confident that their family members were treated with compassion and kindness. One of them remarked, "I call a lot to the service and I'm always made welcome. It's a very homely and happy place really."

We saw that the service ensured that people were treated with kindness and that they are given emotional support when needed. Care staff were informal, friendly and discreet when caring for people. We witnessed a lot of positive conversations that promoted people's wellbeing. An example of this occurred when we saw a member of care staff sitting with a person in their bedroom and discussing the birds they could see in the garden.

Care staff were considerate and we saw them making a special effort to welcome people when they first moved into the service so that the experience was positive and not too daunting. This included arranging with family members to bring in items of a person's own furniture so that they had something familiar in their bedroom when they first arrived. We also noticed that care staff had sensitively asked newly-arrived people how they wished to be addressed and had established what times they would like to be assisted to get up and go to bed. Another example was people being consulted about how often they wished to be checked at night.

We found that people had been supported to express their views and be actively involved in making decisions about their care and treatment as far as possible. Most people had family and friends who could support them to express their preferences. Records showed that the registered manager had encouraged their involvement by liaising with them on a regular basis. In addition, the service had developed links with local lay advocacy resources. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

People's privacy, dignity and independence were respected and promoted. We noted that care staff recognised the importance of not intruding into people's private space. Bedroom, bathroom and toilet doors could be locked when the rooms were in use. In addition, people had their own bedroom that they had been encouraged to make into their own personal space. We also saw care staff knocking and waiting for permission before going into bedrooms, toilets and bathrooms.

We also found that people could speak with relatives and meet with health and social care professionals in private if this was their wish. In addition, we noted that care staff were assisting people to keep in touch with their relatives by post and telephone.

Suitable arrangements had been made to ensure that private information was kept confidential. We saw that written records which contained private information were stored securely when not in use. In addition, computer records were password protected so that they could only be accessed by authorised members of

staff.

Good

Is the service responsive?

Our findings

People said that care staff provided them with all of the assistance they needed. One of them remarked, "The staff are always there. If you ring the bell they'll come to help you. If they're busy you might have to wait but not for too long." Relatives were also positive about the amount of help their family members received. One of them commented, "The care here is very good indeed. I like to see my mother wearing neat and clean clothes. I can see that she's well in herself."

We found that people received personalised care that was responsive to their needs. Records showed that care staff had carefully consulted with each person about the personal care they wanted to receive and had recorded the results in an individual care plan. These care plans were being regularly reviewed to make sure that they accurately reflected people's changing needs and wishes.

Other records confirmed that people were receiving the care they needed as described in their individual care plan. This included help with managing a number of on-going medical conditions, washing and dressing, changing position safely and promoting their continence.

We saw that care staff were able to promote positive outcomes for people who lived with dementia including occasions on which they became distressed. We noted that when this occurred care staff followed the guidance in the people's care plans so that they supported them in the right way. An example of this was a person who was worried because they could not recall when their relative was next due to visit them. We heard a member of care staff gently reassuring the person that their relative would probably call to the service at the weekend when they were not at work.

People told us that they were offered the opportunity to pursue their hobbies and interests and to enjoy taking part in a range of social activities. During the course of our inspection visit there was a lively atmosphere in the main lounge and we saw a number of people being supported to enjoy a range of activities. One of these involved knitting hats to be donated to a local hospital for use with premature babies.

We saw that suitable provision had been made to acknowledge personal milestones. An example of this was people being helped to celebrate their birthdays in a manner of their choice. This usually involved the chef baking them a special cake and in addition people were given a present by the registered manager. Furthermore, people had been enabled to share in community commemorations. An example of this was a number of people being supported by care staff to attend a church service to be held shortly after our inspection visit to commemorate Remembrance Sunday.

We noted that care staff understood the importance of promoting equality and diversity. This included arrangements that had been made for people to meet their spiritual needs by attending a religious service. In addition, the registered manager was aware of how to support people who had English as their second language, including being able to make use of translator services.

There were robust arrangements to ensure that people's concerns and complaints were listened and responded to in order to improve the quality of care. At the time of our inspection visit the registered manager had just received a complaint from a person's relative alleging that a member of care staff had been abrupt in their manner. Records showed that the registered manager had notified the area operations manager about the matter and that suitable arrangements had been made to investigate the complaint.

People were supported at the end of their life to have a comfortable, dignified and pain-free death. Records showed that the registered manager had consulted with people about how they wanted to be supported at the end of their life. This included establishing their wishes about what medical care they wanted to receive and whether they wanted to be admitted to hospital or stay at home. We also noted that care staff had supported relatives at this difficult time. This included making them welcome so that they could stay with their family member during their last hours in order to provide comfort and reassurance.

Good

Is the service well-led?

Our findings

People told us that they considered the service to be well run. One of them said, "Yes, it must be well run I suppose because everything seems to work okay and I get the help I need." Relatives were also complimentary about the management of the service. One of them remarked, "I do think that the service is well run and that's especially so since the new manager took over earlier in the year."

We found that the registered persons understood and managed risks and complied with regulatory requirements. Records showed that the registered manager had subscribed to a number of professional websites in order to receive up to date information about legal requirements that related to the running of the service. This included CQC's website that is designed to give registered persons information about important developments in best practice. This helps registered persons to be more able to meet all of the key questions we ask when assessing the quality of the care people receive. In addition, we noted that the registered persons had correctly told us about significant events that had occurred in the service. These included promptly notifying us about their receipt of deprivation of liberty authorisations so that we could confirm that the people concerned were only receiving lawful care. Furthermore, we saw that the registered persons had suitably displayed the quality ratings we gave to the service at our last inspection.

Staff were clear about their responsibilities. We noted that each shift was led by a senior member of care staff who was in charge. In addition, records showed that information was carefully handed over between senior care staff from one shift to the next. This helped to ensure that people's changing needs were identified so that they received all of the care they needed.

People who used the service, their relatives and staff were engaged and involved in making improvements. Documents showed that people had been invited to attend joint residents' and relatives' meetings at which they had been supported to suggest ideas about how the service could be improved. We noted a number of examples of these suggested improvements being put into effect. An example of this was changes being made after people had asked for dinner plates to be warmed before use so that their meals were always hot.

Care staff told us there was a 'zero tolerance approach' to any member of staff who did not treat people in the right way. As part of this they were confident that they could speak to the registered persons if they had any concerns about people not receiving safe care. They told us they were sure that any concerns they raised would be taken seriously so that action could quickly be taken to keep people safe.

We found that the registered persons had established suitable arrangements to enable the service to learn and innovate. This included members of staff being provided with written policies and procedures that were designed to give them up to date guidance about their respective roles.

We noted that the registered persons adopted a prudent approach to ensuring the sustainability of the service. This included operating efficient systems to manage vacancies in the service. We saw that the registered persons carefully anticipated when vacancies may occur so that they could make the necessary

arrangements for new people to quickly be offered the opportunity to receive care in the service. Records showed that these arrangements had been successful in that high levels of occupancy had been maintained. In addition, records showed that the registered persons operated robust arrangements to balance the service's income against expenditure. This entailed the registered manager being provided with regular updates about how much money had been spent and how much was left for the remainder of the financial year. These measures helped to ensure that sufficient income was generated to support the continued operation of the service.

Records showed that the registered persons had regularly checked to make sure that people were reliably benefiting from having all of the care and facilities they needed. These checks included making sure that care was being consistently provided in the right way, medicines were being dispensed correctly and staff had the knowledge and skills they needed. In addition, records showed that fire safety equipment, hoists and kitchen appliances were being checked to make sure that they remained in good working order.

We found that the service worked in partnership with other agencies. There were a number of examples to confirm that the registered persons recognised the importance of ensuring that people received 'joined-up' care. One of these involved the registered persons liaising with commissioners to enable them to develop a clear understanding of how many vacancies there were in the residential care sector in the area. This helped to ensure that there was enough capacity in the system to support cross sector working including enabling people to promptly be discharged from hospital after their treatment had finished.