The Orders Of St. John Care Trust

OSJCT The Cedars

Inspection report

High Street
Purton
Wiltshire
SN5 4AF

Tel: 01793772036
Website: www.osjct.co.uk

Date of inspection visit:
25 April 2019
26 April 2019
29 April 2019

Date of publication:
29 May 2019

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service: The Cedars is a residential care home, providing personal care for up to 49 people. At the time of the inspection there were 40 people living at the home, some of whom were living with dementia. Accommodation was provided across two floors, with communal areas on the ground floor.

People's experience of using this service:
At the previous inspection in November 2018, we rated the service as Requires Improvement. This was because although some improvements had been made, there were areas where further improvements were needed. At this inspection, we found many improvements had been made and areas where further improvements were needed, were identified by the management team. The service is now rated as Good overall.

Continued improvements were needed to ensure all care plans reflected people's health needs and best interest decisions. However, there were more thorough care plan monitoring systems in place and there were some good examples of person-centred care planning.

We continued to receive mixed feedback about the food at the service. We saw that people had a choice of two different main meals at lunch time, and a range of lighter options in the evening. There were bowls of snack foods and a choice of drinks available in different areas of the home.

Work was taking place to create an open culture where everyone, including people, their relatives, and staff contributed to decisions about the service. This included identifying what everyone felt dignity in care meant.

People and their relatives had the opportunity to attend meetings to share their views. We saw staff asking people how they were and spending time with them. Relatives were welcomed to join people in activities or to visit at any time. People had access to different communal areas including quieter lounges, a large dining area, and spaces for activities.

There was a varied social programme of activities and events. Good community relationships had been formed, and there was support from volunteers.

Medicines continued to be managed safely. Records were up to date and monitored to ensure that people received their medicines and creams as prescribed.

The home was clean, tidy and free from bad odours throughout. Some areas had been redecorated and there were new carpets throughout the home. There were hand rails to help people move around the home safely.

People were supported by staff who received a range of training, including training in dignity and supporting

people living with dementia. Staff received supervision conversations with their senior and attended staff team meetings.

People, their relatives and staff felt more supported by the home management team. We received positive feedback about how visible the home manager was.

Rating at last inspection: Requires Improvement (Report published 6 February 2019)

Why we inspected: Because the home had previously been repeatedly rated as Requires Improvement, we needed to ensure that improvements had been made.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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 not always effective. Details are in our Effective findings below.	**Requires Improvement**
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 The Cedars

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.

This inspection took place five months after the previous inspection. This was due to the service previously failing to achieve a rating of good for four consecutive inspections.

Inspection team:
The inspection team consisted of two inspectors and two experts-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.

Service and service type:
The Cedars is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission, although they were registered for a different location with the same provider. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
This unannounced inspection took place 25, 26 and 29 April 2019.

What we did:
Before the inspection, we reviewed information we hold about the service, including their action plans following the previous inspection. During the inspection we looked information relating to people's care. This included nine people's care plans and daily records, medicines administration records for each person in the home, and repositioning charts. We also looked at records relating to the management of the service. This included complaint records, accident and incident reports and analysis, and call bell response times.

We spoke with 11 members of staff in different roles, including the home manager, and two visiting healthcare professionals. We also spoke with 17 people and four relatives for their feedback.

Good

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

• Staff received safeguarding training.
• Staff understood their responsibility to identify and report any safeguarding concerns. They told us if concerns were reported to the home manager or provider, they felt confident action would be taken. They also knew they could raise concerns with the local authority safeguarding team and with CQC.
• People and their relatives told us they felt safe at the home. Their feedback included, "I feel safe and secure, it is like a sanctuary" and "I am comfortable, happy and content with what I have got here. I feel really secure."

Assessing risk, safety monitoring and management

• Risks to people's safety were identified and assessed. Risk assessments in place included fire safety, moving and handling, and falls.
• People at risk of skin breakdown were supported with pressure relieving equipment such as mattresses and chair cushions. Some people required assistance to reposition regularly to protect their skin. Repositioning records were up to date and monitored by the head of care.
• Audits of health and safety and the environment were conducted. Where actions were identified, these were acted upon or actions were planned.
• Staff had received fire safety training. There were personal evacuation procedures in people's care plans, and in grab bags located near the exits.

Learning lessons when things go wrong

• A new accident and incident reporting system had been introduced. The head of care explained that initial reports were made on the computer. Any updates were added to create a timeline of events. The staff had also started to report health related incidents and diagnoses, to help monitor any patterns and trends. Reports were not closed until all actions had been completed. Learning from accidents and incidents was discussed at staff meetings and used to reduce the likelihood of recurrence.
• Accidents and incidents analysis was discussed at team meetings for reflective learning.
• Records of falls were monitored on a monthly basis, to identify if there were any patterns where staff needed to take action to reduce recurrence.

Staffing and recruitment

• At the previous inspection we received negative feedback about the length of time people had to wait for

assistance. At this inspection we also received some similar feedback. Some people said at times they were kept waiting for assistance to be supported to the bathroom. Two people told us this had resulted in their dignity being compromised. Other people told us they knew staff would respond if they used their call bell for assistance. They said they felt staff were stretched at busy times, such as in the morning.
• New systems had recently been in place to monitor and begin to address concerns over staffing levels. Call bell response times were reviewed and discussed in team meetings. If staff were found to not be responding appropriately to call bells, they received supervision meetings with their senior. There was a new dependency tool assessment to identify the times of the day when different staffing levels were required.
• We checked staff recruitment files and found that safe recruitment practices were in place. Staff had pre-employment checks and employment was subject to satisfactory disclosure and barring service (DBS) clearance. The DBS helps employers make safe recruitment decisions, by preventing unsuitable people from working with vulnerable people.

Using medicines safely

• Medicines were managed safely. Records for medicines administration were up to date and accurate. People had protocols in place for medicines prescribed on an 'as and when required' basis. Medicines were stored in a tidy and secure fashion.
• At the previous inspection, we identified that the records for applications of creams and lotions were disorganised and not maintained. At this inspection, improvements had been made. Staff were accountable for ensuring they signed after each application. The head of care countersigned these records each day to ensure they were up to date.

Preventing and controlling infection

• The home was clean and tidy. Where odours were present at different times of the day, these were promptly addressed.
• Staff had access to personal protective equipment, including gloves and aprons.
• Staff observed had fingernails that were clean and free from nail varnish.

Requires Improvement

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

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

• At the previous inspection the home was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because two people's care plans did not reflect the specific support that staff should provide in the person's best interests. At this inspection the service was no longer in breach of this Regulation, however some areas of care planning continued to require improvement.
• People had life history and documents entitled 'About Me' in their care plans. However, these were inconsistently completed and were variable in quality.
• Care planning to support people who had a diagnosis of diabetes did not contain enough detail. One person was supported by the community nurses who visited the home. The nurses told us that they had a good working partnership with the home to support the person. However, we found the person's care plan did not contain guidance for staff to identify a hypoglycaemic event. This meant that person was at risk of staff not recognising when support related to their sugar levels was required.

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.

• We saw mental capacity assessments and best interest decisions were in place where people lacked capacity to consent to decisions relating to their care.
• Where people had appointed legal representatives as their Lasting Power of Attorney, these were recorded in their care plans.
• DoLS applications had been made to the local authority and were being monitored while waiting for

people to be assessed.

Staff support: induction, training, skills and experience

• People were supported by staff who received training appropriate to their role. This included for care staff, training in safeguarding, distressed reaction, and MCA.
• Staff told us training had improved and they felt they could ask for more training if needed.
• Workshops were arranged with the visiting admiral nurse and with the local authority quality assurance team. An admiral nurse is a specialist dementia and mental health nurse. These were around aspects of care such as dignity and dignified use of language, as well as dementia and relationships.
• Staff received regular supervision conversations with their senior. This gave them the opportunity to discuss their performance, what was working well and any areas for development.

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

• At the previous inspection we received mixed feedback about the quality of the food. At this inspection we received some similar comments. Of the 17 people we spoke with, eight people and two relatives, gave us negative feedback regarding the food. Their comments included, "It is not good, it is boring and tasteless", "Some days it is good, most days it is not" and "It should be a highlight of the day, but it is disappointing." We did receive some positive feedback, which included, "The food is lovely" and "The food is excellent really, always a big choice."
• People benefited from a friendly and efficient staff member employed as a hostess. We observed the hostess chatting with people and their relatives, ensuring everyone had drinks and snacks. They supported people by taking their breakfast requests and serving food. Their approach was very sociable, and they knew people well. They told us that if people were declining food, or feeling unwell, they would report this to the care staff to monitor.
• People had access to snacks and drinks throughout the day. We saw that snack baskets including crisps and chocolate bars were available, as well as a selection of drinks.

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

• Since the previous inspection, the carpets had been replaced throughout the home.
• People brought items from home to personalise their bedrooms such as, ornaments and photographs or pictures.
• There were display boards throughout the home, which included photographs of people participating in activities and events.

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

• People were supported to attend appointments and there were visiting healthcare professionals attending the home. These included the GP, optician and dentist.
• Referrals were made to health and social care professionals when required.
• Where needed, people had been referred to the specialist mental health liaison service for assessment and additional support. However, information from their involvement and assessments was not always incorporated into people's care plans. This information could help guide staff in providing more effective support.

Good

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

• We observed kind and caring interactions. There was a friendly and sociable atmosphere in the communal areas. We saw staff taking time to sit with people while they ate their breakfast and engage in conversation.
• People mostly gave good feedback about the care they received, however some people told us that at times, some staff could be "a little sharp." The positive comments included, "I cannot fault the staff team. They are personal and caring. I wouldn't go anywhere else." Also, "They help you with everything, they're very helpful and kind."
• People's relatives told us they felt their family member was well treated and cared for. Their feedback included, "The staff are calm, supportive and show respect", "The staff are well organised, they take their time and know what they are doing" and "The staff are lovely, I haven't come across any that I wouldn't trust."
• People were supported by staff who knew them well. We saw one person becoming distressed. A staff member supported them and had a chat with them. They suggested having a cup of tea together. The member of staff was pro-active in starting conversations that the person became engaged in. These interactions supported the person's well-being as they were calmer and smiling.
• People's religious beliefs were supported. There was a visiting vicar and priest who attended the home to meet with people, based on their beliefs and preferences. The activities coordinator told us that diversity in religious beliefs would be supported, dependent on the wishes of the people who lived at the home.

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

• A resident's committee had been introduced. The home manager told us they had plans to expand upon this and to involve people in the recruitment process for new staff. They said that when interviews were taking place, they asked people if there were any questions they wanted to be asked of the candidates.
• Meetings for people and their relatives took place. The most recent meeting was at the end of March 2019. The home manager was introduced and people discussed their feedback about staffing levels and call bell response times.
• We saw people being offered choices. These included what they would like to do, where in the home they would like to go, and what they would like to eat or drink.

Respecting and promoting people's privacy, dignity and independence

• At the previous inspection we observed some undignified care interactions. At this inspection we observed that this practice had been addressed. For example, a 'dignity blanket' was now being used to support

people when being hoisted. The blanket covered their lap and meant that the person's clothing did not ride up while being transferred.
• We saw staff knocking people's bedroom doors before they entered. When going into people's bedrooms staff greeted the person in a friendly manner.
• People had been asked by the home manager to consider what dignity meant to them. The words given had been written down and added to a 'dignity tree' on display in the home. This was to help raise awareness of the importance of supporting people with dignity and respect.
• Staff understood the importance of supporting people to maintain their independence. One person went to the shops independently and purchased their preferred brand of sausages, or sometimes a steak. The chef told us that they would cook this for the person at their request.

Good

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

• At the previous inspection there were shortfalls in record keeping and care planning, as well as the audits to monitor this. At this inspection we found that improvements had been made.
• Previously some people told us they had not received a bath when they wanted one, and staff had no overview of when a person was last supported. At this inspection we saw there was now a clear system to see an overview of how frequently people had been supported with bathing and showering.
• There were also improvements in the overall quality of record keeping. This was a 'work-in-progress' at the time of the inspection, but daily records had been completed with more person-centred terminology. There was work taking place with different staff teams to improve the quality of records. This was to ensure that they documented how people's physical, social and emotional needs were being met.
• We saw examples of good care planning. For one person this included their specific preferences about the day they would like to be supported to bathe and their personal care. The staff member who wrote the care plan told us they sat with the person and checked with them that the plan reflected everything they wanted it to include.
• People had staff assigned as their key-worker. The home manager told us the role of key-worker had recently changed. They said key-workers had weekly contact with people, whether it was some one-to-one time, or a chat to see how they were. They were responsible for ensuring that information held about the person was accurate and reflected their needs.
• The home manager had plans to introduce new ways of meeting the requirements of the Accessible Information Standard 2016 (AIS). The AIS is the legal requirement for health and social care services, to ensure that people have access to information in a format that is suited to their needs. Their plans included printing meeting minutes in large print.
• People could participate in a range of activities and social engagement. This included one-to-one sessions with an activity coordinator, or group sessions, such as exercises, music and games.
• The activity coordinator had built strong community relationships and the home was supported by volunteers. Volunteers joined activities such as the weekly songs of praise session.
• Trips out to the local and wider community were being planned for the summer. The service benefited from having access to a minibus which they could request for dates when activities were scheduled.

Improving care quality in response to complaints or concerns

• No formal complaints had been received since the last inspection.
• There was a complaints policy in place, and this included a large print, easy-read version.
• The head of care explained through conversations with people, any concerns or recommendations were now being recorded. These were recorded on comment cards and used to influence changes and

improvements at the home. For example, one person's relative had said their family member was struggling with seeing the light shining in from outside, due to no curtains in the lounge. Because of the feedback, curtain colours were chosen by people and then purchased.

End of life care and support

• At the previous inspection we found that care plans for people's advanced wishes were completed to a varying quality. At this inspection we found that improvements had been made.
• Although nobody was receiving end of life care at the time of the inspection, we saw that end of life care plans were in place when required. These documented people's wishes and preferences, or conversations that had taken place with people's representatives.
• One senior staff member had been appointed as the 'end of life lead'. They told us about the training they had received and the ongoing support available to the home from a local hospice.

Good

Is the service well-led?

Our findings

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

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 management team had responded to feedback from the last inspection and focussed on improving person-centred, dignified care at the home. To do this, they had created an open culture of discussing improvements with people, their relatives and the staff. Where staff had not been on board with changes and expected standards, we saw that disciplinary action had been taken.
• All staff we spoke with, demonstrated a commitment to providing and promoting person-centred care to a good standard. Their comments included, "We try our hardest. We want to make each day for each person a bit better than it was yesterday" and "I would definitely have a relative live here, without a doubt."
• The home manager understood their responsibility regarding duty of candour. They had built relationships with people and their families and had spent time getting to know them.

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

• At the previous inspection we received feedback from people and their relatives that they did not know who was leading the home. At this inspection we found improvements had been made. We saw a poster introducing the home manager and stating how they could be contacted.
• The current home manager had joined the service full-time almost two months prior to the inspection. Before this however they had been supporting the home part-time for eight months. This meant that they had been working alongside the peripatetic manager who was leading the service on an interim basis at the previous inspection. They continued to work in partnership as the peripatetic manager worked at the home one day per week.
• The head of care was a consistent member of the management team. They were well-known by people and their relatives. We observed them stopping to speak with people and see how they were. They knew people well and were responsible for some areas of the management of the home. This included overseeing the record keeping and care planning, ensuring that improvements continued.
• Staff spoke positively about the leadership of the home and how since the last inspection the morale in the home had improved. Their feedback included, "[The home manager] is a breath of fresh air, she has helped us see how good things can be. [The peripatetic manager] was exactly what we needed. [The head of care] is now so much more confident. He really supports us."

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

• People told us about the different ways they were involved in decisions about the service. These included the residents committee and attending meetings. Some people told us they had received feedback questionnaires as well.
• One person told us their feedback at the committee meeting had been listened to. They had suggested a slight change to sandwich fillings, to help make them easier to eat.
• Relatives who had shared feedback with us where they felt the service could improve, also told us they had the opportunity to discuss this at relative's meetings.
• Staff meetings also took place. Meeting minutes showed that feedback from meetings with people and their relatives around call bell response times were also then discussed with staff.

Continuous learning and improving care

• There were a range of quality monitoring systems in place, including audits of medicines, falls, weights, and care plans.
• Feedback from the last inspection had been used to create a service improvement plan.
• The home was supported by a member of the organisation's quality team. They completed audits of different areas of the home and also supported the staff team to contribute to continual improvements.

Working in partnership with others

• People from the home visited another service within the same organisation locally, to spend time in their large communal space for activities and events. The home manager explained that this helped encourage new friendships and social engagement outside of the home.
• The home manager had plans to increase the number of volunteers supporting the service. We received good feedback from a volunteer we spoke with. They told us they felt valued as part of the team and "[The home manager] is very much involved in the team." .
• The home manager had partnerships with the local authority quality assurance team. They had requested resources to help them implement initiatives in the home to improve the focus on supporting people with dignity.