

The Orders Of St. John Care Trust

OSJCT Fives Court

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 caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Fives Court is a care home which provides accommodation and personal care for up to 31 older people, some who are living with dementia. At the time of our inspection 24 people were living at Fives Court.

This inspection took place on 14 and 15 March 2017 and was unannounced.

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.

At the last comprehensive inspection in October 2015 we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following that inspection the provider sent us an action plan to address these issues.

People told us Fives Court was a good place to live. Comments included, "I have lived here three years and can't think of any improvements" and "I like living here".

Relatives told us staff were always welcoming. Comments included "When we first came here, they were so good. They explained everything to us" and "There is always staff around. It is nice. You can visit anytime".

People received care from staff who had got to know them well. We saw that people were treated with kindness and compassion in their day to day care.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible.

Care and support plans were detailed but not always person centred. People's needs were reviewed regularly and as required. The registered manager had identified this and had planned how to improve the care plans.

People had a range of activities they could be involved in. In addition to group activities staff provided individual support as required.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting any concerns they had. Risk assessments were in place to protect people from the potential risk of harm or abuse.

There were safe medicine administering systems in place and people received their medicines when required. People's care records showed relevant health professionals were involved with people's care. People's changing needs were monitored to make sure their health needs were responded to promptly.

Staff were aware of people's dietary requirements. Where required people had access to specialist diets and guidance was in place to ensure staff met these needs accordingly.

People were supported by staff who received training and support to maintain their skills and knowledge. The service followed safe recruitment practices to ensure staff were of good character and suitable for their role.

There were quality assurance systems in place which enabled the provider and registered manager to assess, monitor and improve the quality and safety of the service people received. A system was in place for people and their relatives to raise their concerns or complaints. Any complaints were investigated promptly by the registered manager.

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 ●

This service was safe.

People were protected from the risks of harm or potential abuse. Risks to the health, safety or well-being of people who used the service were assessed and plans put in place.

Staff had the knowledge and confidence to identify safeguarding concerns and actions to take should they suspect abuse was taking place.

There were safe recruitment procedures to help ensure people received their care and support from suitable staff.

There were policies in place to support safe medicines management. People received their medicines when required.

Is the service effective?

Good ●

This service was effective.

People had access to sufficient food and drink and were supported to maintain a balanced diet.

People were supported by staff who had access to training to develop the skills and knowledge they needed to meet people's needs.

People were supported to be able to make decisions and choices about the care they wished to receive.

Is the service caring?

Good ●

This service was caring.

People and their relatives spoke positively about the care and support provided. People's dignity and privacy were respected by staff.

People's bedrooms were personalised and contained people's personal belongings. People were able to choose where they wished to spend their time.

Staff showed concern for people's wellbeing and responded to their request for support promptly.

Is the service responsive?

Good ●

This service was responsive.

Care plans were detailed but not always person centred. Care plans were reviewed regularly.

People were supported to take part in social activities and to follow their interests.

People and their relatives told us they felt able to raise any concerns and were confident that they would be acted upon and taken seriously.

Is the service well-led?

Good ●

This service was well-led.

Quality assurance systems were in place to monitor the care and support that people received and where required identify improvements.

Staff felt supported by the registered manager and could raise concerns and seek guidance.

Staff were very passionate about providing a good service to people and understood the values of the service.

OSJCT Fives 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 provider is 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.

This inspection took place on 14 and 15 March 2017 and was unannounced. One inspector and an expert by experience carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

During the last comprehensive inspection in October 2015 we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Before we visited, we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. We reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who use the service. This included talking with fourteen people and six visiting relatives about their views on the quality of the care and support being provided.

We looked at documents that related to people's care and support and the management of the service. We reviewed a range of records, which included four care and support plans, daily records, staff training records, staff duty rosters, personnel files, policies and procedures and quality monitoring documents. We looked around the premises and observed care practices.

We spoke with the registered manager, deputy manager, two care staff, housekeeping staff, staff from the catering department, maintenance and the activities coordinator. We received feedback from one health and social care professional who worked alongside the service.

Is the service safe?

Our findings

At the last comprehensive inspection in October 2015 we identified that the service was not meeting Regulation 12 Safe care and Treatment of the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014. This was because risks were not always assessed effectively, and not all reasonably practicable measures were put in place to mitigate risks. Risk assessments did not always contain up to date information to provide clear guidance to staff on the support people needed. Following that inspection we issued a requirement notice. The provider developed an action plan to address the shortfalls, which they submitted to us following the inspection.

During this inspection we found improvements had been made. People involved in accidents and incidents were supported to stay safe and action had been taken to prevent further injury or harm. When people had accidents, incidents or near misses these were recorded and monitored to look for developing trends. For example we saw for a person who had an unwitnessed fall that the incident was recorded and put on a whiteboard in the care office for staff to see. A falls observation chart was started to monitor the person's well-being and we saw actions were taken following the event to reduce the likelihood of a reoccurrence. The person's care plan and falls risk assessment were updated. We saw that where needed, sensor equipment was put in place to alert staff to a person's movement so they could intervene to prevent falls. A staff member told us about a person who was at high risk of falls and had a sensor alarm with them at all times. We observed the person trying to get up from their chair, which alerted staff and they responded immediately.

We saw that where people had a specialist condition such as diabetes, there was clear guidance for staff to follow on what action to take in case the person began showing signs of hypoglycaemia. It stated what signs to look out for, for example shaking and dizziness and what action to take. Blood glucose monitoring charts were in place, which alerted staff when to contact a GP.

People told us they felt safe living at Fives Court. Comments included: "Yes I feel safe", "I feel safe as there are people about all the time", "Yes I feel safe as the staff care. Absolutely safe" and "They leave me with a bell so I feel safe"

People were kept safe by staff who recognised the signs of potential abuse and knew what to do when safeguarding concerns were raised. Clear policies and procedures were in place to inform staff of the processes they needed to follow should they suspect abuse had taken place. Staff told us they received training in the safeguarding of vulnerable adults and training records confirmed this. Staff were able to give examples of when they would report suspected abuse, for example unexplained bruising or when a person was acting out of character.

There were sufficient numbers of suitably qualified staff to keep people safe and meet their needs. We spoke with the deputy manager who explained how they used a dependency tool to ensure appropriate staff were deployed at all times. We saw staffing rotas reflected the staffing levels identified by the dependency tool. Staff were visible during our inspection.

Occasionally people became upset, anxious or emotional. We saw there was clear guidance for staff on what to do in these events. For example for a person who had behaviours which could be seen as challenging, we saw that a professional from the care home liaison team had visited and made some recommendations in the care plan. During our inspection a health and social care professional from the care home liaison team visited. They told us they work closely with the home and visited once a week. They said the home now complete tests first to rule out any physical reasons for a change in behaviour, before contacting them. They said staff were very good in following their recommendations. For example one person was reluctant in accepting personal care and became aggressive. The health and social care professional told us since staff had changed their approach in providing the care, things had been 90% better.

People's medicines were managed and administered safely. The administration of medicines was restricted to those staff who had received training in the safe administering of medicines. Records showed staff had received training on safe medicines management. There were records to demonstrate that checks had been undertaken to ensure they were competent to administer people's medicines.

We looked at the current medicines administration records in the home. The pharmacy provided printed Medicine Administration Records (MAR) for staff to complete when they gave residents their medicines. Medicine Administration Records (MAR) were found to be up to date with all signatures in place. Medicines were stored securely. Medicines were stored in accordance with their storage requirements and storage temperatures were checked and recorded daily in line with this. People's photographs were attached to their MAR sheets to aid identification and any medicine allergies were recorded.

Processes were in place to ensure medicines that were no longer required were disposed of safely. However, during our inspection we found eye drops in the fridge, which had not been disposed of four weeks after opening. We raised this with the deputy manager who told us the person was not currently using the eye drops and it should have been disposed of. They told us they would action that straight away.

Staff supported people to take their medicines correctly. We observed a lunchtime medicines round and saw that people were supported to take their medicines in a safe and respectful way. Where people were prescribed medicines to be taken 'as required', there were clear procedures in place to inform staff when they should support the person to take the medicine. We observed the staff member offering people pain relief during lunch and where people refused, this was respected and recorded in the person's MAR chart. One person told us "All my meds are properly timed especially pain control"

We saw safe recruitment and selection processes were in place. We looked at the files for three of the staff employed and found that appropriate checks were undertaken before they commenced work. The staff files included evidence that pre-employment checks had been made including written references, satisfactory Disclosure and Barring Service clearance (DBS) and evidence of their identity had been obtained. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

The service had appropriate arrangements in place for managing emergencies which included fire procedures. There was a contingency plan which contained information about what staff should do if an unexpected event occurred, such as loss of utilities or fire. People had personal evacuation plans in place in case of an emergency.

We found the service to be very clean and homely. Staff were able to explain how standards of cleanliness were maintained and cleaning schedules were in place to record that all areas of the home were being cleaned.

Is the service effective?

Our findings

At the last comprehensive inspection in October 2015 we identified that the service was not meeting Regulation 11 Need for Consent of the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014. This was because requirements of the Mental Capacity Act 2005 were not followed when people lacked the capacity to give consent to care and accommodation. Effective arrangements for people who were able to give consent were not always in place and not all necessary applications for authorisation to deprive people of their liberty had been made. Following that inspection we issued a requirement notice. The provider developed an action plan to address the shortfalls, which they submitted to us following the inspection.

During this inspection we found improvements had been made. Consent to care was sought in line with legislation and guidance. Mental capacity assessments had been completed and where people had been assessed as not having capacity, best interest decision meetings had taken place. We found that for some people who were unable to consent to having sensor equipment, associated mental capacity assessments were not in place. The registered manager told us they were in the process of updating these and we saw evidence of consultation about having sensor equipment in the person's best interest.

Speaking with staff they showed a good understanding of the principles of the MCA. Staff were able to explain that restraint was not only physical, but were aware that locked doors with coded pads and sensor equipment, could also be seen as a restraint and restricting people's freedom of movement. Staff had access to information about MCA and DoLS displayed on a notice board within the home.

During the inspection, the manager explained that where needed they had made applications for DoLS authorisations. Applications had been submitted by the provider to the local authority. More urgent DoLS had been authorised, whilst others were awaiting a response. Where DoLS applications were in place the manager regularly reviewed these to ensure what was in place remained the least restrictive option.

Staff told us they had the training they needed when they started working at the home, and were supported to refresh their training. They said the training gave them the skills and knowledge to support people. Staff completed training which included safeguarding, fire safety and moving and handling as well as more specialist training such as "Step inside" which was dementia training where staff experienced what it felt like for a person living with dementia.

New starters had a probationary period of training and shadowing another member of staff. Staff comments in regard to their induction included "The induction was good. I went to Trowbridge for 3 days and completed the Care Certificate" and "The Induction gave me an opportunity to complete the Care Certificate, which covered various subjects. It was also a chance to get to grips with Policies and Procedures". Staff told us if there was training they wanted to complete, which was not mandatory, the opportunity would be there.

The home had a dementia lead whose role was to develop staff's practices and understanding of how to

support people living with dementia. They acted as a point of contact for staff to seek information and we saw a notice board in the home with various information about dementia. The Dementia lead worked closely with the Admiral nurses who are specialist nurses employed by the Order of Saint John's Care Trust (OSJCT) to provide guidance to staff on how best to support people living with dementia. One staff member told us they had a special interest in dementia and was hoping to become the support lead.

People were supported by staff who had "trusting conversations" (one to one meeting) with their line manager. Staff told us these meetings were carried out regularly and enabled them to discuss any training needs or concerns they had. Staff also received a yearly appraisal.

People were supported to maintain good health and had access to healthcare and other services to meet their needs. There were records of treatments relating to chiropody, eye care and district nurse visits in people's records. A GP visited the home on a weekly basis and more frequently as requested by staff in response to people's medical needs. A person said "I recently had to go to hospital and [carer] came with me. I know the staff would call a doctor if I need one"

People had access to specialist diets when required for example pureed or fortified food. We spoke with the catering department; they had information of all people's dietary requirements and allergies. This also included people's likes and dislikes. They explained that people had a choice of meals. They said if people did not like what was on the menu they were able to request alternatives.

People told us they liked the food, there were good choices and fruit, fluids and snacks were seen to be readily available during the day. A person said "There is no funny food here" and a relative told us they often had lunch at the home and it was very nice. People's preferences including their dislikes and any allergies were recorded and visible in the kitchen. We observed on our visit that there was a menu available on display in the communal area for people to see and be reminded what the choices for lunch were.

Is the service caring?

Our findings

People told us Fives Court was a good place to live. Comments included, "I have lived here 3 years and can't think of any improvements", "I like living here", and "I would rather be in my own home but this is a good 2nd choice"

Relatives told us staff were always welcoming. Comments included "When we first came here, they were so good. They explained everything to us" and "There is always staff around. It is nice. You can visit anytime".

People received care and support from staff who had got to know them well. The relationships between staff and people receiving support demonstrated dignity and respect at all times. Staff were knowledgeable about what was important to people. For example staff told us that one person used to be a librarian and liked Western books, another person liked Tom Jones and some staff would sing songs to them. Staff told us they would like to have more 1:1 time with people, for example 10 minutes playing cards or reading a book to a person.

We saw evidence that any dignity issues were identified and acted on. For example staff noted that a person's catheter bag was visible below their skirt. They contacted the community nursing team to request a more suitable bag which was not visible. The home had a 'dignity day' in February opening the home to family and friends, raising awareness and making scones. Staff said "This is our residents' home and we must treat it with respect".

People told us their privacy was usually respected and all said they could do what they liked as regards to either staying in their room or going into the lounge. We observed staff knocking on people's doors before entering. People had a choice of when they wanted to get up or go to bed. People told us they could talk to staff about what was important to them. People told us staff provided the care that was needed and always asked permission before helping with care and also explaining what was going to happen. One person said "They always ask me and explain what is happening"

People's bedrooms were personalised and decorated to their taste. There was a chart on the wall in each person's room with details on things important and relevant to them, such as books they liked, what time they liked to go to bed, how many children they had, what jobs they used to do, which food and animals they preferred and information about their families. This supported staff to have meaningful conversations with people.

The registered manager told us it was important to involve people and they were currently planning a project with people and staff. Ideas were shared at a recent residents meeting and people gave their input and approval for decorating the lounges. The plan is to decorate the blue lounge in style of a library and the sun lounge will be decorated with a summer meadow on the wall, which would have a 3D effect. The sensory input would be beneficial for people living with dementia. There were also plans for theming corridors so people could distinguish between different areas of the home.

People and their relatives were given support when making decisions about their preferences for end of life care. Where necessary, people and staff were supported by palliative care specialists. Services and equipment were provided as and when needed. The registered manager told us staff and relatives had an opportunity to attend a reflective meeting after the person had passed away to remember and pay tribute to the person's life. Staff also completed a reflective practice workbook following end of life support for a person. We saw most people had advanced care plans in place, which meant staff knew people's preferences for end of life care. Some people did not wish to discuss their advanced care plan and this was respected

Is the service responsive?

Our findings

People or their relatives were involved in developing their care, support and treatment plans prior to them moving into the service. People said "They know your every need, even the new staff" and "I do have a care plan and they write in it". A relative commented "They seem to know what she wants".

We found care plans were detailed but not always person centred. Some care plans were dated as far back as 2011, with various updates written since. This meant it was difficult to get a clear picture of people's current needs. The registered manager told us they had already identified this since being in post and they were in the process of arranging care plan training for all staff. We saw evidence of this in the care plan audit, which had identified care planning to be more detailed and clear about people's current needs.

Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored.

People told us they had a keyworker. A key worker is a named member of staff that was responsible for ensuring people's care needs were met. This included supporting them with activities and would spend time with them. The key worker was allocated around three people. Staff told us there was also a 'resident of the day' which senior staff were responsible for in reviewing a person's care records, checking the date of the last GP visit, person's environment and medicines review.

People had opportunities to voice their feedback about the service through attending residents' meetings and completing a yearly survey. People who were unable to attend the meetings, were given a copy of the minutes. People were able to make suggestions, for example we saw people said the fish on a Friday was not good. Instead delivery from the local fish and chip shop was arranged for a Friday.

People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like to complete. In addition to group activities people were able to maintain hobbies and interests. There was an activities coordinator in post who also spent one to one time with people. We observed the activities coordinator sitting down with people, for example painting nails and chatting to them. We saw people completing puzzles, which were left on the tables in the dining room and staff would stop to talk to people or help as they were passing by.

People were encouraged to take part in household activities where they wished to. This included setting the tables, folding towels or watering the garden. We saw one person had a badge for "Honorary housekeeper". Staff explained the person helped with collecting cups and hovering with the sweeper.

The activities coordinator was also the dementia lead for Fives Court, who was a regional finalist in 2016 for an award of using innovative ways to implement life story work. The residents made canvases, which captured elements of their life stories. Staff told us people also got involved in various other projects and competitions. Fives Court won the best garden competition last year and they also created a tractor tyre made out of tea cups. People also got involved in caring for chicken eggs until they hatched and looking

after the chicks for a short while afterwards.

The home had support from a group of volunteers called 'Friends of Five' who assisted on day trips, organised social events and carried out fundraising activities for the home such as an annual Autumn Fair. The registered manager told us "Friends of Five" was a group of local people, who had relatives in Fives Court.

People's concerns and complaints were encouraged, investigated and responded to in good time. The registered manager told us that they were currently investigating a concern. The complaints procedure was clearly visible within the home.

Is the service well-led?

Our findings

The registered manager was a positive role model to staff and promoted a culture that was person-centred, inclusive and empowering. People and their relatives all knew the registered manager and spoke highly of her and her ability in running of the home.

The registered manager told us the main challenge had been to come into the home as a new manager. They said the first couple of weeks they observed what was happening within the service, before suggesting any changes. They completed shifts with kitchen, housekeeping and care staff to give them a better understanding of the challenges staff faced and what improvements were needed. The registered manager said "Staff have been brilliant. They have taken on board the changes made".

The registered manager told us when they first started the staff team seemed disjointed and different departments did not communicate with each other. They said their greatest achievement had been to get the staff team to work well together. For example the housekeeping team had requested training in moving and handling, to enable them to support care staff when needed.

Staff felt well supported by the registered manager and able to approach her with any concerns or ideas. Staff comments showed that they were well-motivated. Staff told us the registered manager did not shy away from "hands on" care and was visible throughout the home. The registered manager had an "open door" policy and was approachable. The registered manager came in early some days, to ensure they saw the night staff before they went off duty. The registered manager also worked some night shifts to get to know the night staff. Regular staff meetings were held to make sure staff were kept up to date and given the opportunity to raise any issues that may be of a concern to them.

Staff were supported to question the practice of other staff members. Staff had access to the company's whistleblowing policy and procedure. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. All the staff confirmed they understood how they could share concerns about the care people received. Staff knew and understood what was expected of their roles and responsibilities.

The provider had effective systems in place to monitor the quality of service being delivered and the running of the home. Audits were carried out periodically throughout the year. The audits included safe medicine administration, infection control, care planning and a whole home audit which looked at all areas within the home. Whenever necessary, action plans were put in place to address the improvements needed.

People and staff had confidence the registered manager would listen to their concerns and would be received openly and dealt with appropriately. One person said "I had an issue with another resident and now the manager makes sure she always has some clean tissue with her".

The registered manager valued people's and staff feedback and acted on their suggestions. For example during a residents' meeting, people said the furnishings of the home were outdated. This was acted on and

the home now had new furnishings. The registered manager continuously strived to make improvements. They told us they wanted to involve people more in the local community and was also looking at making improvements within the home, for example to have themed corridors to orientate people.

The registered manager had made links with the local community, for example the local playschool who visited the home to spend time with people doing arts and crafts. The local vicar visited the home once a month and there was also a volunteer from the local community who came in to spend time with people.

The registered manager kept up to date with current practices, legislation and policies and procedures. They told us they were a member of Skills for care and received monthly updates. They also accessed CQC website to ensure they were up to date with any changes.