

The Orders Of St. John Care Trust

OSJCT Henlow Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

OSJCT Henlow Court is a residential care home providing personal and nursing care to up to 40 people. The service provides support to older people, some of whom have a diagnosis of dementia. At the time of our inspection there were 32 people using the service.

People's experience of using this service and what we found

On the day of our inspection staff did not consistently follow safe infection prevention and control procedures which placed people at risk of harm.

People's care records were not always robust enough and did not always contain the necessary detail to evidence the care, support and treatment people received.

Whilst there were systems and processes to assess and manage risks to people, they had not been operated effectively and had not identified some of the shortfalls we found in relation to wound management and infection prevention and control.

The provider needed to make improvements to the way they recorded the action they had taken in response to information of concern. We have made a recommendation about the recording of investigations and information of concern.

We received mixed feedback relating to staffing levels at the home. The registered manager told us the measures they had put in place to cover staff absence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, there was not a clear record to show that consideration had been given to the principles of the MCA when there had been a change in a person's mental capacity. The registered manager took immediate action to resolve this in response to our feedback.

People were protected against the risks of potential abuse and they told us they felt safe in the home. Staff knew about safeguarding people and told us they felt confident to report any concerns.

People using the service and their relatives were happy with the care they received. They spoke positively about the staff and told us they were treated with kindness and respect.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 8 November 2017).

Why we inspected

We received concerns in relation to wound care. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

The provider took action to correct the issues we identified and also put in place systems to minimise any risk to people.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for OSJCT Henlow Court on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

OSJCT Henlow Court

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of 2 inspectors and 2 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

OSJCT Henlow Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. OSJCT Henlow Court is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 9 people who used the service and gathered feedback from 2 relatives about their experience of the care provided. We spoke with 7 members of staff including the registered manager, area operations manager, 2 care leaders, a housekeeper, and 2 care staff.

We reviewed a range of records. This included a sample of 4 people's care records, a variety of records relating to the management of the service, including a review of some policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policy and quality assurance records. We sought feedback from 8 relatives and 2 professionals about their experience of the care provided.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

At the time of our inspection OSJCT Henlow Court was experiencing a COVID-19 outbreak.

- The provider had not consistently supported people to minimise the spread of infection. Where people who had tested positive for COVID-19 were unable to isolate in their room, the registered manager had not completed a risk assessment to ensure the risk to them and others had been mitigated as far as practically possible.
- Staff did not use PPE effectively and safely on the day of our inspection. During the outbreak we saw staff lowering their masks when in a room with people who had tested positive for COVID-19. We saw staff moving PPE around the home and PPE that had not been disposed of safely. This increased the risk of catching and spreading the infection.
- On the day of our inspection the provider had not identified the shortfalls we saw in relation to staff practice and PPE. We have signposted the provider to resources to develop their approach in these areas.

Failure to follow safe infection prevention and control procedures placed people at risk of harm. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting had been amended to reflect the outbreak and was being facilitated in line with local and national guidance.

Assessing risk, safety monitoring and management

- There was evidence of risk assessments for the building and environment. Regular health and safety audits and environmental checks were carried out to monitor the safety of the service.
- Emergency plans and individual fire evacuation plans were in place to ensure staff could support people in the event of a fire or other emergency.

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 MCA 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. However, mental capacity assessments had not always been completed in a timely manner when there was evidence to suggest a change in a person's mental capacity. We raised this with the registered manager and deputy manager who were able to describe how consideration had been given to the principles of the MCA. Nonetheless, the absence of a clear record meant it was difficult for us to judge the effectiveness of the system when people's needs changed. The registered manager took immediate action to resolve this in response to our feedback.

Staffing and recruitment

- We received mixed feedback from staff about staffing levels within the home. Some staff told us they worked exceptionally hard to ensure that low staffing levels did not impact on people. We explored this with the registered manager who said that every effort had been taken to maintain staffing levels during periods of staff sickness and absence. The registered manager assured us that staffing levels were under constant scrutiny using the provider staffing tool to ensure staffing remained appropriate.
- Interview records were in place to support managers' decisions to employ staff. The records provided evidence that managers had explored the previous employment histories of staff and their suitability to work at the home.
- There was a stable staff team at the service with little turnover. The registered manager said, "Henlow has a low turnover rate. We do have minimal vacancies and a positive staff team."
- Staff had been recruited safely. Disclosure and Barring Service (DBS) checks had been made before new staff started at the service. The checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were stored, administered and disposed of safely. Medication administration records (MAR) had been completed and showed people received their medicines as prescribed. The registered manager told us they were supporting staff to complete the MAR more clearly to ensure daily auditing could be completed more efficiently.
- Some people were prescribed medicines such as pain-relief, laxatives and inhalers to be taken on a when required (PRN) basis. Guidance in the form of a PRN protocol was not in place for one person who had recently been admitted to the service. We told the registered manager who took immediate action. However, when the PRN protocol was completed it did not contain the necessary detail needed to guide staff on when to administer the medicine.

Learning lessons when things go wrong; Systems and processes to safeguard people from the risk of abuse

- The registered manager had investigated incidents and information of concern. We reviewed an investigation into the management of wound care and found there was not a clear record in place to evidence the extent of the investigation and any lessons learned. We have made a recommendation about the recording of investigations in the well led section of the report.
- The management team were open to feedback from people, relatives, staff and professionals.

- The provider had systems to help safeguard people from abuse. The staff received training in this and understood how to recognise and report abuse. One staff member said, "I feel comfortable and confident to raise any concerns."
- People using the service and their relatives told us they felt safe at the service. One relative said, "[My relative] is very safe, staff are very friendly. I have no reason to feel uneasy with anything, no sign of abuse. [My relative] would tell me if anyone had upset [them]."

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There was a system in place to monitor people's wound care and a wound monitoring form was completed monthly. However, on inspection we identified this was not operating effectively and one person had been omitted from the form. The record did not clearly show how people's wound care had been evaluated to ensure staff were operating in line with the provider's policy. Where people had additional risk factors, such as not complying with repositioning, the record did not show what additional measures had been put into place to mitigate the risk. Although we found no evidence of people being negatively affected, the lack of an effective monitoring record meant that any shortfalls in the management of people's wounds or issues with actions to prevent pressure ulcer development, may not get sufficiently identified, putting people at risk of not receiving appropriate and timely care to address their needs.
- Medicine audits had been completed on a quarterly basis with daily stock counts. This meant the provider had not identified a missing PRN protocol for one person who had been recently admitted to the home. We raised this with the registered manager who took immediate action to resolve this. Although we found no evidence of harm, the lack of frequent auditing posed a risk of people not receiving their medicines as prescribed.
- People's care records were not always robust enough and did not always contain the necessary detail to evidence the care, support and treatment people received. One person's care documentation around their specific health and support needs for diabetes was not detailed enough to provide staff with clear guidance on how to support this person with this condition. Whilst we found no evidence of harm, the lack of clear guidance meant people were at risk of not receiving support in accordance with their health and support needs.

The provider had failed to ensure an accurate, complete and contemporaneous record in respect of each person, including a record of the care and treatment provided, and of decisions taken in relation to the care and treatment provided. The provider had failed to ensure their systems to assess the quality and safety of the service were operating effectively. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care; Working in partnership with others

- The provider had a system for recording and investigating information of concern. We reviewed a concern relating to wound management. Records did not provide an audit trail of how these concerns had been rigorously investigated, what management decisions had been made to address these concerns and

mitigate any further risks to people.

We recommend that the provider review their systems to respond, investigate and monitor any information of concern received.

- Staff liaised with healthcare professionals for specialist advice about how to best support people with their individual needs and promote their welfare. One professional said, "I receive very effective communication from the staff."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff demonstrated a strong desire to provide good outcomes for people. One person said, "[Staff] give me the best attention and I am very appreciative of it."
- The registered manager was open and transparent throughout our inspection and was clearly committed to making the required improvements.
- People, staff and relatives told us they generally felt supported by the registered manager. One staff member said, "Management are approachable and the registered manager has been so supportive."
- People benefited from a clear management structure, consisting of the area operations manager, registered manager and deputy manager. They were clear about their roles and responsibilities and staff told us they were approachable.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff gave honest information and suitable support, and applied duty of candour where appropriate.
- The registered manager understood requirements in relation to duty of candour and had an open and honest approach.
- The service had notified CQC of key incidents as required. This meant we could check appropriate action had been taken.

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

- People told us they had meetings to share their views and feedback about the service.
- Staff were praised by people and their relatives for their hard work and dedication. One person said, "The staff are immensely kind. They are super folks – thoughtful and sensitive." A relative told us, "The atmosphere is jolly and staff work hard and try to have a laugh with everyone. It is homely and friendly."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had not ensured the safety of people by assessing the risks to their health and safety and doing all that is reasonably practicable to mitigate any such risks. Regulation 12 12(1)(2)(a)(b)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had failed to ensure an accurate, complete and contemporaneous record in respect of each person, including a record of the care and treatment provided, and of decisions taken in relation to the care and treatment provided. The provider had failed to ensure their systems to assess the quality and safety of the service were operating effectively. Regulation 17 (1)(2)(a)