

## The Orders Of St. John Care Trust

# OSJCT Coombe End Court

### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service responsive?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 22 and 23 April 2015. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to breaches of Regulation 9 Person centred care, 11 consent, 12 safe care and treatment, 13 restraints and 17 good governance.

We undertook this focused inspection to check they had followed their plan and to confirm they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for OSJCT Coombe End Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk). We could not improve the rating for 'is the service effective?' from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Members of staff knew the actions they must take for people at potential risk of falls, pressure ulcers and from malnutrition. However, members of staff needed to be more aware of the action plans for people who at times needed additional support with moving and handling. For example when to use hoists. Senior staff were knowledgeable about risk management. However, fluid intake intervention records lacked the daily target intake for each person and were not always totalled at the end of the day. This meant the staff were not aware of the people who were not having sufficient fluids and a potential sign of deteriorating health.

People were helped to make day to day decisions and members of staff were knowledgeable about the principles of the Mental Capacity Act 2005 (MCA). People's capacity to make specific decisions was assessed. However, MCA were not completed for some intimate procedures and we observed the zimmer frame was removed from the side of one person sitting at the table. This meant there was potential for restricting one person's liberty as the person had to depend on the staff to leave the table.

People said they felt safe and the staff made them feel secure. Members of staff we spoke with had a good understanding of safeguarding of vulnerable adults from abuse and the expectations placed on them to report abuse. They knew that it was their duty to report their suspicions if they witnessed other staff abusing people.

Members of staff said the staffing levels had improved and less agency staff was used. This meant people's care and treatment was delivered by a consistent staff team.

Training to increase staff skills was provided and they were well supported to deliver people's care and treatment. Staff said they attended training such as Mental Capacity Act 2005 (MCA), safeguarding adults and other specific training such as dementia awareness.

There was a person centred approach to care planning. People we spoke said they were involved in the planning of their care and their relatives said they were invited to review meetings. Members of staff said the

care plans and the quality of the handovers had improved. Care plans detailed the way people liked their care to be provided and the action plans gave staff guidance on meeting people's current needs.

The quality assurance process was effective. Audits were in place to assess the care and treatment people received. For example, care plans and medicine audits. Accident and incidents were analysed to identify trends and patterns. Where aspects of the service standards were not being met action plans were developed on improving the standards.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

Staff knew the actions needed to minimise risks identified and risk assessments were developed on how to minimise risks. However, some staff were not clear on the risk assessment for when equipment was to be used for people who were not able to support their weight.

Sufficient levels of staff were deployed to meet people's needs.

People said they felt safe. Staff knew the procedures they must follow if there were any allegations of abuse.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

People were assisted by staff to make day to day decisions. People's capacity to make specific decisions was not always assessed. All staff attended Mental Capacity Act (MCA) 2005 training.

New staff said their induction prepared them to undertake their roles and responsibilities. Members of staff benefitted from one to one meetings with their line manager. Staff said the training delivered increased their skills to meet people's changing needs

People's dietary requirements were catered for. People were offered a choice of meal at all mealtimes.

### Is the service responsive?

**Good** ●

The service was responsive.

People said they participated in the planning of their care and relatives told us they were invited to reviews. They said their care was delivered in the way they liked.

Care plans reflected people's current needs and gave the staff guidance on meeting people's needs.

People had opportunities to participate in activities,

**Is the service well-led?**

**Good** ●

The service was well led.

Systems were in place to gather people's views.

Members of staff worked well together to provide a person centred approach to meeting people's needs.

Quality assurance systems to monitor and assess the quality of care were in place and protected people from unsafe care and treatment

# OSJCT Coombe End 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.

We undertook an unannounced focused inspection of OSJCT Coombe End Court on 27 January 2016. This inspection was carried out to check improvements to meet legal requirements planned by the provider after our comprehensive inspection on 22 and 23 April 2015 had been made. The team inspected the service against four of the five questions we ask about services: is the service Safe, Effective, Responsive and Well Led. This is because the service was not meeting some legal requirements.

The inspection was undertaken by an inspector and Expert by Experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. During our inspection we spoke with the area manager, registered manager, head of care (acting), five staff, nine people, and five relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spent time observing the way staff interacted with people who use the service and looked at the records relating to support and decision making for two people. We also looked at records about the management of the service.

# Is the service safe?

## Our findings

At the inspection on 22 and 23 April 2015 we identified a breach of regulation. We said reasonable steps were not taken to mitigate risk to people. We found some improvements had been made in relation to risk management. We improved the rating from Inadequate to Requires Improvement.

Risks were assessed and action plans put in place to minimise the risk to people's health and their safety. The potential of people developing malnutrition and pressure ulcers were assessed and for people with mobility needs and for people with a history of falls. For example, for people with a history of falls the potential cause of their falls was assessed such as cognitive impairment, poor mobility and visual impairment. The temporary head of care said risk assessments were analysed monthly for emerging risks and where patterns were identified they were discussed with the manager.

Members of staff were knowledgeable about the actions necessary to minimise the risk to people. A member of staff said where people were at high risk of malnutrition they were weighed weekly, supplements were prescribed and enriched drinks were provided to help people maintain their weight. They also said health checks were conducted and equipment was used to prevent further falls. The registered manager said staff analysed risks on a daily basis and discussed risks during handovers for staff to understand the rationale of the actions taken. For example, one to one with people.

We observed two members of staff supporting one person to stand and transfer into a wheelchair. The staff, for 20 minutes, made several attempts to encourage the person to support their weight and stand without success. The risk assessment stated to use a hoist when the person was not able to stand and gave the colour of the sling to use. There was confusion between the staff on when they were to use the hoist and whether a team leader had to agree the use of the hoist. Staff said this person usually supported their weight, however it was evident on this occasion the person was not able to stand. A care leader said if the information was in the risk assessment then staff were able to take the decision to use the hoist. This meant staff were not always following guidance.

Intervention charts were in place to monitor the care delivered to people assessed as being at risk from pressure ulcers and for people at risk of malnutrition. Repositioning records detailed the frequency people were supported to change their position which staff signed when the task was completed. Food and Fluid intake charts did not include the daily intake target for each person and were not always totalled at the end of the day. We found a disproportion in the fluid intake for some people. For example, staff recorded the fluid intake for one person and on the 16 January 2016 the intake was 950 mls, on 18 January 2016 the fluid intake was 210 ml and on 25 January 2016 the fluid intake was 580 mls. Staff said it was the responsibility of the night staff to total the fluid intake. The registered manager and the temporary head of care said the GP was to be asked for people's target fluid intake.

People said they felt safe and that Coombe End Court was a safe place to live because they were supported by staff who knew them well. Relatives said "staff were well trained and looked after their loved ones safely." Members of staff had a clear understanding of the safeguarding of vulnerable adults from abuse procedures.

A member of staff described the types of abuse and the actions they must take if they suspected abuse. They knew it was their duty to report abuse they may witness from other staff.

A member of staff said the staffing levels had improved. They said day trips were organised and care staff were able to support the activities coordinators on these trips. Another member of staff said new staff were recruited which meant less agency staff were used which they said was "better to have own staff".



# Is the service effective?

## Our findings

On the comprehensive inspection of the 22 and 23 April 2015 we recommend that the service finds out more about training for staff, based on current best practice, in relation to managing behaviours from people living with dementia. We could not improve the rating for effective from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

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.

Member of staff were knowledgeable about the principles of the Mental Capacity Act 2005 (MCA). People's capacity to make specific decisions was assessed. For example, people's capacity to consent to monthly weights was assessed. Where the person was not able understand the consequences of the options given they were assessed as lacking capacity. Best interest decisions were then taken after consultation with GP's and dieticians involved in the care of the person. However MCA assessments were needed to ensure one person consented to the removal of intimate personal care such as removing facial hair from female residents. We also noted that a member of staff removed the zimmer frame without asking the persons consent when they were sitting at the dining table. This meant the person's liberty was restricted.

Staff said people were offered choice. A member of staff said the staff were better at enabling people to make choices. For example, staff asked people as well as showing them the two options of meals available for them to make a decision.

Staff said there were people who at times presented with behaviours other found difficult. A member of staff said there were people who at times resisted personal care. They said "people were respected and if they refused care and treatment they were not forced. Opportunities to deliver personal care were taken at other times."

New staff had an induction to prepare them for the role they were to perform. A member of staff on induction said their induction covered reading care plans. The registered manager said all new staff were on the care certificate. The registered manager and the temporary head of care completed the care certificate to provide new staff with an appropriate mentor.

A member of staff said they attended mandatory training set by the provider and other specific training to meet the needs of people. For example, MCA and End of Life training. Another member of staff they had attended dementia and training for trainers in moving and handling. They said the training has enabled them to deliver this training to staff and to assess for equipment. This meant staff were more able to assess people's needs and provide adequate equipment more promptly. Staff said one to one meetings with their line manager was regular.

People said the food was good. Their comments included "No problems with the food. It is very good. Chef will make omelettes if you don't like what is on the menu today", "Lovely food. I really find it more than enough" and "I enjoyed the Lasagne, very tasty." A relative said "When X first came in he wouldn't eat the food so the chef sat down with him and found out what he liked to eat. He then included these dishes on the menu and X started eating and he loves the food now. He has put on weight and he is looking so much better now". A member of staff told us the staff were encouraged to have their meals with people. They said "people enjoy it and we enjoy it".

At lunchtime people were shown prepared meals before making their choice. Catering and care staff took time to explain each single ingredient on the plate. We observed people were served with the appropriate special dietary requirements including soft, textured and fortified meals were catered for. Snacks and refreshments were available in between meals. Morning coffee and afternoon tea was served from trolleys and a choice of snacks were available. Snacks, cakes and sandwiches were available to those people who wake during the night and require food.

## Is the service responsive?

### Our findings

On the comprehensive inspection of the 22 and 23 April 2015 we found a breach of Regulation 9. We said people were not involved in the preparation of their care plans. Their care plans did not reflect their needs and preferences on how this care was to be delivered by the staff. We improved the rating for Responsive from Requires Improvement to Good.

Care plans were developed from assessments of risk and included all areas of people's care and treatment needs. Staff said care plans were developed by team leaders and there was an expectation they read care plans and report on daily events.

People told us they were involved with planning their care and felt they were listened to and kept informed. Care plans were person centred. Communication care plans detailed the person's preference on first name and gave staff detailed guidance on how they were to respond when personal care was to take place. For example, the person's preference was for staff to ask and not direct them.

People told us they were able to choose the gender of the people providing them with personal care. A person said "I don't mind who gives me personal care as long as they are trained. It doesn't matter then if I have a female or male carer. At present a good male carer supports me with care." Personal care plans described the aspect of care the person was able to manage for themselves and their preferences on the gender of staff and how personal care was to be delivered.

Eating and Drinking care plans informed staff on the person's potential risk of developing malnutrition. The action plans gave staff guidance to offer choices, the texture of the food to be served, monthly monitoring checks and professionals consulted with for their advice.

Handovers took place when shift changes occurred. A member of staff said team leaders passed information from the previous shift to staff coming on duty. Daily reports on events which included outcomes of visits and personal care delivered. Another member of staff said the handovers had improved and were more detailed.

Two co-ordinators, supported by care staff and two volunteers deliver the programme of activities. These include trips to local places of interest, quizzes, Bingo, entertainers, chair based exercises and one to one activities. Services to meet spiritual needs were provided at the home.

On the day of our visit we saw a variety of activities taking place, including a quiz and art and craft activities. An activities coordinator said "people have a lot of skills. We do cooking and bread making and I rely on them a lot. One lady who is not very communicative comes alive when she gets her hands in the bread dough. It's about what they want and can do." A relative said "Activities have really improved. They have lifted the whole place. X is much happier now and has a better quality of life." A person said "I'm not really a painter but I like doing this."

## Is the service well-led?

### Our findings

On the comprehensive inspection of the 22 and 23 April 2015 we found a breach of Regulation 17. We said systems to drive improvements and ensure people were safe and their needs met were not effective. We improved the rating for Well Led from Requires Improvement to Good.

People told us the registered manager had asked them what they thought about the home. A relative said "during a meeting we raised concerns about the lack of activities. This was taken on board and things are greatly improved." They said a step backwards was taken recently because one co-ordinator has been off. People and their relatives said they had attended house meetings that were advertised well in advance and minutes were available for people who were unable to attend.

The views of people were recently gathered using surveys about the quality of the food, care planning and communal facilities. Where comments were made the suggestions were taken seriously and action was being taken. For example, the registered manager was assessing the cost of providing a canopy for shade in the garden.

People said that they knew the manager and there was a visible presence around the home. A member of staff said the delivery of care was the same as they would for their parents. They said it was "kind and compassionate". Another member of staff said the aim was to get people involved in every aspect of their care where possible. A third member of staff said the vision was to implement the dementia strategy in the home and for staff to have empathy towards people and the organisation was dedicated to the care of people to promote the communities and securing the future of services.

Staff valued the people they cared for and were motivated to provide people with high quality care. Staff said the team worked well together. A member of staff said "the care team is good they are brilliant. It's like a family. It's a cracking team. They are always willing to help. At a recent meeting new staff thanked the staff for their support."

A member of staff said there were "huge changes since the last inspection. An internal audit raised morale because the positives about the quality of care was highlighted. What the staff had done had made a difference. The new environment will give people living with dementia destination points." Team meetings were held to discuss issues and pass information about changes in procedures and policy.

The registered manager said there was a shared understanding of the current challenges. They said staff's understanding of the Mental Capacity Act (2005) had improved but more improvement was needed in some areas. The time period for developing care planning, the induction of new staff and their retention after their induction had been challenges.

A member of staff said the registered manager and the head of care were good. They said the staff team was stable as few staff had left since their employment two years previously. Another member of staff said the registered manager was approachable and there was an "open door" policy. They said the registered manager was always available and willing to listen.

Quality assurance arrangements in place ensured people's safety and well-being. Some staff had additional roles which included analysing some audits. They said the manager had given them the instructions and the documents needed to audit certain systems. For example, care leaders were responsible for ensuring care files were up to dated and 10 percent of care plans were audited each month. The care plan audit in place identified areas for improvement which included updating information in some care plans. The medicine audit for December 2015 included an action plan for improving the recording on the reasons for administering "when required" medicines for example.

The registered manager said incidents and accident reports were analysed weekly to identify trends and patterns. A score was given to the level of risk and action plans devised on minimising the risk. For example, falls and weight management. They said action plans to prevent falls included looking at pain management, referrals for health and for medicine reviews were made and monitoring plans to monitor fluid and food intake.

The area manager visits monthly to monitor the audits and risks. Action plans were developed where improvements were needed and currently all standards reviewed were fully met.