The Orders Of St. John Care Trust

OSJCT Spencer Court

Inspection report

Union Street
Woodstock
Oxfordshire
OX20 1JG

Tel: 01993812725
Website: www.osjct.co.uk

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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

We undertook an unannounced inspection of OSJCT Spencer Court on 30 November 2017.

Spencer Court is a care home without nursing in Woodstock, Oxfordshire. The home cares for up to 46 people who are physically or mentally frail. On the day of our inspection 44 people were living at the service. Many of the people at Spencer Court were living with dementia. The home is run by the Orders of St. John Care Trust.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good overall.

Why the service is rated Good:

People remained safe living in the home. There were sufficient staff to meet people's needs and staff had time to spend with people. Risk assessments were carried out and promoted positive risk taking which enable people to live their lives as they chose. People received their medicines safely.

People continued to receive effective care from staff who had the skills and knowledge to support them and meet their needs. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice. People were supported to access health professionals when needed and staff worked closely with people's GPs to ensure their health and well-being was monitored.

The service continued to provide support in a caring way. Staff supported people with kindness and compassion. Staff respected people as individuals and treated them with dignity. People were involved in decisions about their care needs and the support they required to meet those needs.

People had access to information about their care and staff supported people in their preferred method of communication. Staff also provided people with emotional support.

The service continued to be responsive to people's needs and ensured people were supported in a personalised way. People's changing needs were responded to promptly. People had access to a variety of activities that met their individual needs.

The service was led by a registered manager who promoted a service that put people at the forefront of all the service did. There was a positive culture that valued people, relatives and staff and promoted a caring ethos.

The registered manager monitored the quality of the service and looked for continuous improvement. "The

provider and registered manager promoted a clear vision to deliver high-quality care and support within a positive culture that was person-centred. We observed staff working to these values and in this way throughout our inspection and could see the positive impact it had on people

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

OSJCT Spencer 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 30 November 2017 and was unannounced. The inspection was carried out by two inspectors and an 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.

Before the inspection, we asked the provider complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR, previous inspection reports and notifications we had received. Notifications are certain events that providers are required by law to tell us about.

We spoke with 11 people, two relatives, six care staff, a kitchen assistant, the chef, the registered manager and the area manager.
During the inspection we looked at six people's care plans, four staff files, medicine records and other records relating to the management of the service. We observed care practice throughout the inspection. We also 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.

Good

Is the service safe?

Our findings

People continued to feel safe. People's comments included; "Oh yes, I always feel safe, secure and looked after here", "Safe, yes. I would move if there was any risk living here at all" and "Well, I think that I am very fortunate living here, it's very good and yes, I think that I am safe here".

Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. Staff were confident that action would be taken if they raised any concerns relating to potential abuse. Staff comments included; "Any concerns and I would go to my care leader or manager. I can go to safeguarding as well". There were safeguarding procedures in place and records showed that all concerns had been taken seriously, fully investigated and appropriate action taken.

There were sufficient staff on duty to meet people's needs. Staff were not rushed in their duties and had time to sit and chat with people. One staff member told us, "All residents' needs are met so yes, we have enough staff". During our inspection we saw people's requests for support were responded to promptly. Records confirmed the service had robust recruitment procedures in place. One person said, "Yes, there is always someone [staff] around"

Risks to people were identified in their care plans. People were able to move freely about the home and there were systems in place to manage risks relating to people's individual needs. For example, where people were at risk of developing pressure ulcers, guidance had been sought from healthcare professionals and their guidance was followed.

People were protected from the risk of infection. Infection control policies and procedures were in place and we observed staff following safe practice. Colour coded equipment was used along with personal protective equipment (PPE). The home was clean and free from malodours. Staff told us they were supported with infection control measures and practices. One staff member said, "I have read the policy. I've been trained and everything is in place to keep us and residents safe".

Medicines were managed safely. Records relating to the administration of medicines were accurate and complete. Where people were prescribed medicines with specific instructions for administration we saw these instructions were followed. Medicines were stored safely. Staff responsible for the administration of medicines had completed training and their competency was assessed regularly to ensure they had the skills and knowledge to administer medicines safely.

We observed a medicine round. Staff identified the person and explained what they were doing. They sought the person's consent before administering the medicine. When they were satisfied the person had taken their medicine they signed the medicine administration record (MAR).

The service learnt from events and errors. Records confirmed that following errors a reflective meeting was held with staff to discuss what happened and what measures could be taken to reduce the risk of reoccurrence. For example, following one error the circumstances were discussed along with the provider's

relevant policy. Staff also received advice and guidance from the registered manager.

Accidents and incidents were recorded and investigated. They were also analysed to see if people's care needed to be reviewed. Reviews of people's care included referrals to appropriate healthcare professionals. The provider circulated 'serious incident briefings' to all services within the group to share learning from incidents.

Good

Is the service effective?

Our findings

The service continued to provide effective care and support to people. People were supported by staff who had the skills and knowledge to meet their needs. New staff completed an induction to ensure they had appropriate skills and were confident to support people effectively.

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. Staff had received training and understood how to support people in line with the principles of the Act. One staff member said, "I assume people have capacity and I support them with choices and decisions". We saw staff routinely sought people's consent.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had a clear understanding of DoLS. At the time of our inspection one person at the service was subject to a DoLS authorisation.

People's needs were assessed prior to their admission to ensure their care needs could be met in line with current guidance and best practice. The provider's Admiral nurse (dementia specialist nurse) had also provided guidance for staff. This included people's preferences relating to their care and communication needs. For example, care plans noted whether people required support relating to glasses or hearing aids. One person was able to clean their own glasses but required support with changing the batteries in their hearing aid. Staff were aware of people's support needs and preferences.

Staff told us and records confirmed that staff received support through regular one to one meetings with their line manager and training. Staff training records were maintained and we saw planned training was up to date. Where training was required we saw training events had been booked. Staff also had further training opportunities.

People were positive about the food and received support to maintain their nutrition. One person said, "I like the food". Another person said, "Actually the food is very good here".

Where people had specific dietary requirements these were met. Where people were at risk of weight loss their weight was monitored and people were supported to maintain their weight. We spoke with the chef who told us, "I get regularly informed of resident's dietary needs and we have a catering committee that includes residents. We discuss and plan menus and special events".

People were supported to maintain good health. Various health professionals were involved in assessing, planning and evaluating people's care and treatment. Visits by healthcare professionals, assessments and referrals were all recorded in people's care plans.

People's rooms were furnished and adapted to meet their individual needs and preferences. Paintings, pictures and soft furnishings evidenced people were involved in adapting their rooms. Corridors displayed period pictures and paintings and contrasting handrails had been installed to assist people living with dementia to mobilise. Corridors were painted in contrasting colours to aid navigation. There were books, hats, clothing and other items of interest around the home for people to interact with and we saw people using them.

Good

Is the service caring?

Our findings

The home continued to provide a caring service to people who benefitted from caring relationships with the staff. People's comments included; "The carers are friendly, when I call them they always help", "I do feel cared for here", "The carers are good and try so hard" and "They look after everybody properly. They couldn't do anymore for us all". One relative commented that people were, "Looked after pretty well".

People were supported by a dedicated staff team who had genuine warmth and affection for people. Staff comments included: "I like it here as the residents and staff are really friendly", "I love it here as it is relaxed, professional and really well run" and "We have a nice team who really do care".

People were involved in planning their care, the day to day support they received and their independence was promoted. Records showed people were involved in reviews of their care and staff told us they involved people in their support. One staff member said, "I explain what we are doing and get them (people) to do the little things they can do themselves. I think they enjoy that". Another staff member said, "I work with what they (people) can do. I give them choices". This practice promoted people's independence.

People were treated with dignity and respect. When staff spoke about people to us or amongst themselves they were respectful and they displayed genuine affection. Language used in care plans was respectful. People were addressed by their preferred names and staff knocked on people's doors before entering. Throughout the inspection we observed staff treating people with dignity, respect and compassion.

People received emotional support. One person walked with purpose pushing a pram with a doll. It was clear this person held a deep bond with the doll. Staff stopped and looked into the pram and talked to the person about the doll. The person was clearly happy discussing the doll. One staff member had brought a Christmas outfit for the doll and this was the cause of much discussion with the person. Doll therapy (use of dolls) is a recognised way of helping to reduce anxiety and distress for some people living with dementia. Another person was new to the home and felt anxious. We saw many staff spending time with this person throughout our inspection, reassuring them and supporting them emotionally.

People's personal and medical information was protected. The provider's policy and procedures on confidentiality were available to people, relatives and staff. Care plans and other personal records were stored securely.

Good

Is the service responsive?

Our findings

The service continued to be responsive. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. Staff were aware of, and respected people's preferences.

Staff treated people as individuals. For example, one person's care plan stated the person wanted a regular bath. Staff told us this person liked their bath early in the morning and that one staff member attended work early on this person's bath day to meet their preference. A staff member told us, "[Staff member] does this of her own accord, she is not paid for this but she does it just the same". People's care plans recorded their care preferences and records confirmed these preferences were respected.

People's diverse needs were respected. Discussion with the registered manager showed that they respected people's different sexual orientation so that gay and bisexual people could feel accepted and welcomed in the service. The provider's equality and diversity policy supported this culture. We asked staff about diversity. Their comments included; "Everyone is different so I respect their individuality" and "The care here is personal and I believe our staff take that responsibility seriously. It's little things like using the word partner, not husband or wife until you know the residents individual circumstances".

People had access to information. People were able to read their care plans and other documents. Where people had difficulty, we observed and were told staff sat with people and explained documents to ensure people understood. Where appropriate, staff also explained documents to relatives and legal representatives. People's care reviews contained an easy read section in picture format. This allowed people to easily understand so they were able to express their views. One person's care plan contained information in large print and picture format enabling them to read the information. The area manager said, "I am taking the issue of accessible information to meetings as I feel we can expand the work we have started with care reviews. I believe we can make many more documents easier for people to access".

Care plans and risk assessments were reviewed to reflect people's changing needs. For example, one person's condition changed and new medicine was prescribed. The serviced worked closely with the person's GP and records were updated to reflect the person's current support needs.

People were offered a range of activities they could engage in. These included; puzzles, games, music, arts and crafts and regular trips out of the home. For example, trips to garden centres, places of interest and boat trips. Special events, such as Halloween and Christmas were celebrated as were people's birthdays. One person worked as a personal assistant to the receptionist and had received training to help them in this role. We spoke with this person who said, "I'm really the one in charge here, I keep tabs on all the staff". This person clearly enjoyed their role and laughed and joked with us, and the staff about it. One person told us how staff had taken them out. They said, "One nice touch last week, one of the girls (staff) was going to Blenheim Palace to pick up some Christmas stuff .I've been here two years and I've never been to the Palace and it's on our doorstep, but she took me when she went over there. It was really nice and I appreciated that".

The service had systems in place to record, investigate and resolve complaints. Five complaints were recorded for 2017, all had been dealt with compassionately, in line with the policy. The complaints policy was displayed in the reception area. One person told us, "If there is a problem I am confident to ask (staff) without going to the boss, they are all capable of sorting things out".

People's advanced wishes were recorded. Care plans recorded people's end of life wishes. For example, where they wished to die and funeral arrangements. Staff told us people's wishes were always respected.

Good

Is the service well-led?

Our findings

The service continued to be well led. 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.

People knew the registered manager who was present throughout the inspection and interacted with people in a friendly and familiar way. It was clear positive relationships had been formed between people and the registered manager. One person said, "Yes, I know who the manager is". Another person told us, "The manager called me in to her office to select from a range of patterns of carpet to be laid in my room".

Staff told us they had confidence in the service and felt it was well managed. One staff member said, "[Registered manager] is ok, she is really helpful and I think this place is well run". Another staff member said, "[Registered manager] is really nice, supportive and approachable. This is a very well run service".

The service had a positive culture that was open and honest. Staff were valued and people treated as individuals. Throughout our visit the registered manager and staff were keen to demonstrate their practices and gave unlimited access to documents and records. The registered manager spoke openly and honestly about the service and the challenges they faced.

We spoke with the registered manager about their vision for the service. They said, "I want to provide good care for everybody, regardless of their differences. I want a relaxed and caring environment, this is their home".

The registered manager empowered staff. Staff had been appointed to 'lead roles' within the home. These included dementia awareness, infection control and assessing falls. Staff were a point of reference for people, relatives and other staff relating to their lead subject. Staff were provided with a notice board where they posted news, information and best practice guidance.

The registered manager monitored the quality of service. For example, audits were conducted and action plans arising from audits were used to improve the service. One action plan noted the need to update the 'homes major incident and contingency plan'. We saw this action had recently been completed. The registered manager was supported by the area manager who regularly visited the home to monitor action plan progress. Audits covered all aspects of care, staff support and systems management.

The registered manager looked for continuous improvement. Surveys, 'resident meetings' and staff meetings were used to improve the service. For example, at one 'resident meeting' people had expressed their views as to what they wanted for the homes garden area. Plans were made and we saw these improvements to the garden were scheduled for 2018.

People and their relatives were involved in running the home. For example we saw people and their relatives helped to maintain the garden areas in the summer. We also saw they were involved in planning 'themed' days, such as St Patrick's day.

Staff told us learning was shared at staff meetings, briefings and handovers. One staff member said, "I am well informed, briefings and meetings keep me up to date, so I am supported to do my job".

The service worked in partnership with local authorities, healthcare professionals, GPs and social services. The registered manager also attended external meetings. For example, we saw the registered manager attended a best practice meeting organised by Oxford Academic Health Science Network. The registered manager told us, "This was about sharing knowledge with other home managers and healthcare professionals. It has helped us. For example, following the meeting we now take regular urine samples from our diabetics to improve how we can monitor their condition".

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.