

Orders of St John Care Trust

OSJCT Skirbeck Court

Inspection report

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Date of inspection visit: 8 December 2014
Date of publication: 31/03/2015

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	

Overall summary

OSJCT Skirbeck Court provides accommodation for up to 39 older people who need support with their personal care. Some of the people live with dementia and need additional support to be involved in making decisions about the care they receive. The accommodation is purpose built and is all on the ground floor.

There were 37 people living in the service at the time of our inspection.

This was an unannounced inspection carried out on 08 December 2014. During the inspection we spoke with 12 people who lived in the service, seven staff, the area

operations manager and the manager of the service. The manager had recently taken up their post and they had already applied to be registered with us. 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.

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act,

Summary of findings

2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way. This is usually to protect themselves or others. At the time of our inspection no people had had their freedom restricted.

We last inspected the service in December 2013. At that inspection we found the service was meeting all the essential standards that we assessed.

People were helped to stay safe. Staff knew how to recognise and report any concerns and how to keep people safe from harm. Staff had helped people to avoid having accidents. There were reliable systems for managing medicines.

People felt safe in the service and that they received all of the care they needed. They had received a wide range of personal care such as help with washing and dressing, using the bathroom and moving about safely.

People had been included in planning and agreeing to the care provided. They had an individual care plan that described the assistance they needed and how they wanted this to be provided.

Staff knew the people they were supporting and the choices they had made about their care and their lives. People were supported to maintain their independence and to exercise control over their lives.

People were treated with kindness, compassion and respect. Staff took time to speak with the people they were supporting. People enjoyed talking to staff and were relaxed in their company.

Staff knew how to support people who lived with dementia.

People were provided with a range of meals that they enjoyed.

People were offered the opportunity to pursue their interests and hobbies.

The provider had completed quality checks to make sure that people reliably received the care they needed in a safe setting.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff knew how to recognise and report any concerns and how to keep people safe from harm.

People had been helped to stay safe by managing risks to their health and safety.

There were enough staff on duty to give people the care they needed.

Background checks had been completed before staff were employed.

Medicines were managed safely.

Good



Is the service effective?

The service was effective.

Staff knew the people they were supporting and the care they needed.

People were supported to receive all the medical attention they needed.

People's rights were protected because the Mental Capacity Act 2005 Code of practice and the Deprivation of Liberty Safeguards were followed when decisions were made on their behalf.

Good



Is the service caring?

The service was caring.

People said that staff were caring, kind and compassionate.

Staff recognised people's right to privacy, respected confidential information and promoted people's dignity.

Good



Is the service responsive?

The service was responsive.

People's needs and wishes had been assessed.

People made choices about their lives in the service and could pursue their hobbies and interests.

There was a good system to receive and handle complaints and concerns.

Good



Is the service well-led?

The service was well-led.

The provider had completed quality checks to help ensure that people reliably received appropriate and safe care.

People and their relatives had been asked for their opinions of the service so that their views could be taken into account.

The manager had applied to be registered and staff were well supported.

Good



OSJCT Skirbeck 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 visited the service on 8 December 2014. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using services or caring for someone who requires this type of service. We focused on speaking with people who lived in the service and their visitors, speaking with staff and observing how people were cared for.

During the inspection we spoke with 12 people who lived in the service, seven staff, the area operations manager and

the manager of the service. We observed care and support in communal areas, spoke with people in private and looked at the care records for four people. We also looked at records that related to how the service was managed including staffing, training and health and safety.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Before our inspection we reviewed the information we held about the service including the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications of incidents that the provider had sent us since the last inspection. In addition, we contacted local commissioners of the service and a local district nursing team who supported some people who lived in the service to obtain their views about it.

Is the service safe?

Our findings

People said that they felt safe living in the service. A person said, “I like all of the staff, they’re all good people and kind. I like to see them around because I know they’ll help me. I wouldn’t be without them.” Relatives were reassured that their parents were safe in the service. One of them said, “I knew this place was right straight away when I walked through the door. It’s professional but caring and I’m certain my mother is safe here. She tells me that she’s fine.”

Staff said that they had completed training to keep people safe. They had been provided with guidance and they knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk of harm.

Staff were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. Staff were definite that they would not tolerate people being harmed. They said that they would immediately report any concerns to a senior person in the service. In addition, they also knew how to contact external agencies such as the Care Quality Commission and the police and said they would do so if their concerns remained unresolved.

Providers of health and social care services have to inform us of important events that take place in their service. The records we hold about this service showed that the provider had told us about any safeguarding incidents and had taken appropriate action to make sure people who used the service were protected.

We saw that staff had identified possible risks to each person’s safety and had taken action to reduce the risk of them having accidents. For example, staff had ensured that some people who had reduced mobility had access to walking frames. In addition, they usually accompanied them when they were walking from room to room. Some people had rails fitted to the side of their bed. This had been done with the agreement of the people concerned so that they could be comfortable in bed and not have to worry about rolling out.

When accidents or near misses had occurred they had been analysed so that steps could be taken to help prevent them from happening again. For example, a person who could not safely use bed rails was at risk of rolling out of bed. In response to this, staff had lowered the person’s bed so that it was nearer to the ground. In addition, they had put a mattress next to the bed so that there was a soft surface to help prevent injury.

There were reliable arrangements for ordering, storing, administering and disposing of medicines. We saw that there was a sufficient supply of medicines and they were stored securely. Senior staff who administered medicines had received training and they correctly followed the provider’s written guidance to make sure that people were given the right medicines at the right times. People were confident in the way staff managed their medicines. A person said, “I get my tablets three times a day without fail. The staff do it all for me which is how I like it.”

We looked at the background checks that had been completed for two staff before they had been appointed. In each case a check had been made with the Disclosure and Barring Service. These disclosures showed that the staff did not have criminal convictions and had not been guilty of professional misconduct. In addition, other checks had been completed including obtaining references from previous employers. These measures helped to ensure that new staff could demonstrate their previous good conduct and were suitable people to be employed in the service.

The provider had assessed how many staff were needed to meet people’s care needs. We saw that there were enough staff on duty at the time of our inspection because people received the care they needed. For example, we saw that staff promptly responded when people rang the call bell for assistance. Records showed that the number of staff on duty during the week preceding our inspection matched the level of staff cover which the provider said was necessary. Staff said that there were enough staff on duty to meet people’s care needs. People who lived in the service and their relatives said that the service was adequately staffed. A relative said, “The staff are busy like everywhere. All I can say is that the staff are around and my mother gets the attention she needs.”

Is the service effective?

Our findings

Staff had periodically met with a senior member of staff to review their work and to plan for their professional development. We saw that staff had been supported to obtain a nationally recognised qualification in care. In addition, records showed that staff had received training in key subjects including how to support people who lived with dementia or who needed extra help to eat and drink enough. The provider said that this was necessary to confirm that staff were competent to care for people in the right way. Staff said they had received training and we saw that they had the knowledge and skills they needed to effectively respond to people's individual needs for care.

Staff said that they were confident about supporting people who lived with dementia and that they had received training. We saw that when a person became distressed, staff followed the guidance described in the person's care plan and reassured them. They noticed that the person was upset because they had not sat in their usual chair in the main lounge. The staff member helped them to move to their own chair after which they were seen to smile at all of the other people sitting nearby. The staff member knew how to identify that the person required support and they provided this in a way that was respectful and effective.

The manager and senior staff were knowledgeable about the Mental Capacity Act 2005 (MCA) and how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected. We looked at care records which showed that the principles of the MCA Code of Practice had been used when assessing people's ability to make particular decisions. For example, the manager had identified that some people who lived in the service needed extra help to make important decisions about their care due to living with dementia.

Where a person had someone to support them in relation to important decisions this was recorded in their care plan. Records showed that the person's ability to make decisions had been assessed and that people who knew them well had been consulted. This had been done so that decisions were made in the person's best interests.

There were arrangements to ensure that if a person did not have anyone to support them they would be assisted to

make major decisions by an Independent Mental Capacity Act Advocate (IMCA). IMCAs support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

The manager was knowledgeable about the Deprivation of Liberty Safeguards. We saw that they had taken appropriate advice about some people who lived in the service to ensure they did not place unlawful restrictions on them.

People said that they received the support they required to see their doctor. Some people who lived in the service had more complex needs and required support from specialist health services. A person said, "When I've been a bit under the weather staff have been straight on the telephone to the doctor. They don't hang about and they don't take no for an answer." Care records showed that some people had received support from a range of specialist services such as mental health and occupational therapy teams. We contacted a representative of a district nursing team that was local to the service before our inspection. They did not raise any concerns about how people who lived in the service were supported to maintain their health.

People were provided with enough to eat and drink. Some people received extra assistance to make sure that they were eating and drinking enough. For example, staff were keeping a detailed record of how much some people were eating and drinking to make sure that they had enough nutrition and hydration to support their good health. People had their body weight checked to identify any significant changes that might need to be referred to a healthcare professional. Records showed that healthcare professionals had been consulted about some people who had a low body weight. This had resulted in them being given food supplements that increased their calorie intake. At meal times, staff gave individual assistance to some people to eat their meals. We saw that when necessary food and drinks had been specially prepared so that they were easier to swallow without the risk of choking. We noted that the chef knew about the need to prepare meals so that people could follow special diets and records showed that this was being done in the right way.

Is the service caring?

Our findings

People made positive comments about the care provided in the service. None of the people who lived in the service, their visitors or the staff we spoke with raised any concerns about the quality of the care. A person said, “The staff help me a lot and I think they fuss around too much sometimes but only because they’re just nice people.” Another person said, “I am very happy with the staff as they are very kind.”

Relatives we spoke with told us that they had observed staff to be courteous and respectful in their approach. One of them said, “I’ve called to the service many times, on different days and at different times of day. I have always seen staff being kind and caring. If there was something not right you’d see it in the end with so many visits. I have never had any concerns at all.”

We saw that people were treated with respect and in a caring and kind way. The staff were friendly, patient and discreet when providing support to people. We saw that staff took the time to speak with people as they supported them. We observed many positive interactions and saw that these supported people’s wellbeing. For example, we saw a person was having difficulty opening the clip on their handbag. A nearby member of staff helped her to do this task. The member of staff saw that the person was embarrassed by having needed help and so reassured her that she had similar problems with her own handbag.

We saw that staff were helping a person to celebrate their birthday. The person smiled and was pleased that staff had recognised the event. They said that they were looking forward to their birthday tea and to the special cake that the cook had baked for them.

Staff were knowledgeable about the care people required and the things that were important to them in their lives. They were able to describe how different individuals liked to dress and we saw that people had their wishes respected. A person said, “The staff are good with me and they don’t rush me if I’m choosing what to wear. Some days I must go through a few cardigans before I get the right one, but that’s okay with the staff.”

Staff communicated with people in a caring way. They assumed that people had the ability to make their own decisions about their daily lives and gave people choices in a way they could understand. They also gave people the time to express their wishes and respected the decisions they made. A relative said, “The staff know that my mother can need extra help because she lives with dementia. They still ask her things but in ways she can understand. For example, I saw one staff put their head on their hands to ask her if she wanted to go to her bedroom.”

Families we spoke with told us that they were able to visit their relatives whenever they wanted to do so. Some people who could not easily express their wishes did not have family or friends to support them to make decisions about their care. The service had links to local advocacy services to support these people if they required assistance. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

We saw that the staff protected people’s privacy. They knocked on the doors to private areas before entering and ensured doors to bedrooms and toilets were closed when people were receiving personal care. A person said, “If I need help with something personal the staff never talk about it in front of other people and we go back to my bedroom so that things are private. I like it that way.”

Is the service responsive?

Our findings

People told us that they made choices about their lives and about the support they received. They said that staff in the service listened to them and respected the choices and decisions they made. A person said, “I have my own routines each day. The staff know them and let me get on. I like to have a little rest after lunch and they don’t bother me.”

People said that staff knew the support they needed and provided this for them. They said that staff responded to their individual needs for assistance. This included support with a wide range of everyday tasks such as washing and dressing and using the bathroom. People also said that they were reassured that staff checked how they were at night. A person said, “I get good care and am looked after very well.”

People said that they were provided with a choice of meals that reflected their preferences. They commented positively on how the cook regularly asked them how they liked their meals and asked them to suggest changes to the menu. A person said, “The meals really are very good here. We all know the cook because she comes out of the kitchen for a chat and asks us how we like our meals and if we want anything else.”

We saw that each person’s care plan was regularly reviewed to make sure that it accurately described the care to be provided. However, the care plans were not written in a user-friendly way and so people were not fully supported to access the information they contained. They presented information using technical and management terms with which most people who lived in the service would not be familiar. In addition, they were long documents and no attempt had been made to summarise them so that people could be supported to access the information they contained.

Families told us that staff had kept them informed about their relatives’ care so they could be as involved as they wanted to be. A relative said, “The staff keep in touch with me if there’s something I need to know such as calling for a doctor to see my mother. I really value that because I can be involved in her care.”

The staff we spoke with showed that they were knowledgeable about the people living in the service and the things that were important to them in their lives.

People’s care records included information about their life before they came to live in the service. Staff knew what was recorded in individuals’ records and used this to engage people in conversation. For example, we saw a member of staff talking with a person about a local farm where the person used to work and about how farming had changed over the years.

We saw that staff respected people’s individual routines and so people who wanted to use their bedrooms were left without too many interruptions. A person said, “The staff know that I need my personal space and so they don’t bother me too much. I know where they are if I need them.” Another example was staff acknowledging that some people liked to be addressed using shortened versions of their first name while others preferred to be addressed more formally.

We observed how care was provided during a period of 20 minutes for a number of people who were using one of the lounges. On each occasion when someone asked for assistance from staff this was provided promptly. For example, when a person said that they wanted to write something down a member of staff left the lounge to find some paper and a pen.

Staff had supported people in a number of ways to pursue their interests and hobbies. People had been offered the opportunity to take part in activities such as games, quizzes and craft work. Staff had assisted some people to access community resources. Arrangements had been made for some people to have their own newspapers and magazines delivered to the service. There was a selection of library books. In addition, large print books and audio books could be obtained.

Everyone we spoke with told us they would be confident speaking to the manager or a member of staff if they had any complaints or concerns about the care provided. A person said, “If I have any problems I can talk to staff and they help me or guide me.” A relative said, “I’ve never had any cause to complain. If there’s a minor niggle I’ll mention it and it gets put right.”

The provider had a formal procedure for receiving and handling concerns. Each person and their relatives had received a copy of procedure when they moved into the

Is the service responsive?

service. Complaints could be made to the manager of the service or to the provider. This meant people could raise their concerns with an appropriately senior person within the organisation.

The provider had received one formal complaint since our last inspection and we noted that this had been properly

investigated and resolved. The manager said that a small number of minor concerns had been raised and that these had been quickly resolved on an informal basis. Doing this had helped to reassure people that their voice would be heard if they had any concerns.

Is the service well-led?

Our findings

The provider had regularly checked the quality of the service provided. This was being done so that people could be confident that they would reliably and safely receive all of the care they needed. These checks included making sure that people's care plans were accurate and that medicines were well managed. In addition, the provider had completed checks to make sure that people were protected from the risk of fire and that equipment such as hoists remained safe to use.

People who lived in the service told us that they were asked for their views about their home. A person said, "We all have a natter with staff about things and I don't like the residents' meetings. You wouldn't have meetings at home and I just like things how they are. There have been meetings but I don't bother with them." We saw that each person and their relatives were invited to meet with a senior member of staff every six months to review the care provided and more generally to give feedback on the service.

People said that they knew who the manager was and that they were helpful. During our inspection visit we saw the manager talking with people who lived in the service, relatives and staff. They had a good knowledge of the care each person was receiving. They also knew about points of detail such as which members of staff were available to work on any particular day. This level of knowledge helped them to effectively manage the service and provide leadership for staff.

Staff were provided with the leadership they needed to develop and maintain good team work. These arrangements helped to ensure that people consistently received the care they needed. There was a named senior person in charge of each shift. During the evenings, nights and weekends there was always a senior manager on call if staff needed advice. There were handover meetings at the beginning and end of each shift so that staff could review each person's care. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way. A relative said, "I'm very pleased with how the service runs. I think it's well organised and professional without being too formal. The staff know what they're doing and so you're not having to repeat yourself all the time."

There was an open and inclusive culture. Staff said that they were well supported by the manager. They were confident that they could speak to the manager if they had any concerns about another staff member. Staff said that positive leadership in the service reassured them that they would be listened to and that action would be taken if they raised any concerns about poor practice. A staff member said, "There's a very clear understanding here that staff have a duty to be alert to any poor practice. We're always being told that we have a duty to tell the manager immediately if we have any concerns. Being told like that gives you confidence and I would say if something wasn't right."