The Orders Of St. John Care Trust

OSJCT Henry Cornish Care Centre

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Henry Cornish Care Centre is a residential care home providing personal and nursing care to 31 older people at the time of the inspection. The service can support up to 50 people.

People's experience of using this service and what we found
There was no registered manager at Henry Cornish Care Centre. An interim manager from one of the provider's homes had oversight of the day to day running of the service whilst waiting for a new manager to start. The manager was supported in their role by a head of care and an area manager. The service had a clear management and staffing structure in place which allowed continuity of care. Staff worked well as a team and ensured people received care that met their needs. The provider had quality assurance systems in place to monitor the quality and safety of the service.

People told us staff were caring. We saw people received good care from staff who knew them well. People had access to activities to prevent social isolation. However, these could be improved.

People living at Henry Cornish Care Centre told us they received safe care from skilled and knowledgeable staff. Staff understood their responsibilities to identify and report any concerns. The provider had safe recruitment and selection processes in place. The home used the same agency staff to ensure consistency of care. Staff recruitment was on-going.

Risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs. Medicines were managed safely and people received their medicines as prescribed.

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. People were supported to maintain good health and to meet their nutritional needs.

Rating at last inspection:
At our last inspection we rated the service requires improvement. Our last report was published on 30 January 2017.
Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-Led findings below.	**Requires Improvement**

OSJCT Henry Cornish Care Centre

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 Care Act 2014.

Inspection team
The inspection team consisted of 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.

Service and service type
Henry Cornish Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home is purpose built accommodating up to 50 people. In addition to the 36 residential beds there are 14 Intermediate Care Unit beds (ICU). The intermediate care services are provided to people to help them in rehabilitation and to be as independent as possible following discharge from hospitals.

The service had no manager registered with the Care Quality Commission. A new manager had been recruited and waiting to start. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed the information we held about the service and the service provider. We looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern. We received feedback from two social and health care professionals who regularly visited people who received care from the service. We also reviewed the provider's previous inspection reports. We used all of this information to plan our inspection.

During the inspection
We spoke with six people and two relatives. We looked at five people's care records and four medicine administration records (MAR). During the inspection we spent time with people. We looked around the home and observed the way staff interacted with people. We spoke with the area manager, the interim manager and eight staff which included, nurses, carer staff, kitchen staff and activities coordinator. We reviewed a range of records relating to the management of the home. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Henry Cornish. One person said, "Yes, I feel safe here it's the fact I have a call bell here by my bed and one in the toilet and I use it". Another person told us, "Yes, definitely we get so much attention from the staff and you couldn't wish for more".
- People were supported by staff that had received training and knew how to identify signs of abuse and raise safeguarding concerns. One member of staff explained, "Abuse can be physical, verbal or emotional. I would report concerns to my care leader or safeguarding team, we have their number in the office".
- The provider had safeguarding policies and procedures in place and the team reported concerns accordingly.

Assessing risk, safety monitoring and management

- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure they were safe.
- People's risk assessments included areas such as their medicines management, mobility and nutrition. Staff were familiar with and followed people's risk management plans.
- The provider had a system to record accidents and incidents. We viewed the accidents log and saw appropriate action had been taken where necessary.
- Equipment used to support people's care, for example, mobility equipment was clean and had been serviced in line with national recommendations.

Staffing and recruitment

- We received mixed views about staffing. People and relatives said, "Very good staff, very nice people but stretched", "Sometimes they seem to be rushed and people's bells keep ringing", "I think they could do with more I think it's a shame that our own people won't help us they use a lot of agency" and "They seem to have enough staff now".
- Feedback from staff demonstrated staffing levels had improved recently. Staff told us, "We have enough staff at the moment", "It's getting better now and we are using less agency staff" and "At times we could be a bit stretched but we manage as a team".
- On the day of the inspection, we saw people were attended to in a timely manner and staff were not rushed. People got support when they needed it. Agency staff were used when needed and the provider ensured the same staff were used to maintain consistency of care. The area manager told us recruitment was ongoing and use of agency staff was reducing.
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff.

Using medicines safely

● People received their medicines as prescribed and the home had safe medicine storage systems in place.
● We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines.
● Staff had been trained in administering medicines and their competency checked.
● The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely.

Preventing and controlling infection

● Staff followed good practice guidance and training on infection control. They had access to protective personal equipment such as gloves and aprons.
● We observed staff using colour coded cleaning equipment to prevent cross infection. The service was fresh, clean and free of any unpleasant odours

Learning lessons when things go wrong

● The manager ensured staff reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff. Learning was shared across the organisation.
● Discussions with staff showed there had been learning following medicine recording errors and poor care plan recording. Staff had received further training to ensure accurate recording.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

● Prior to supporting people an initial assessment of their needs and care they required was carried out. Where applicable an assessment from commissioners was used to inform this process. The provider's own assessment considered people's physical and emotional needs as well as their diversity. The assessment included areas that explored people's gender identity, sexual orientation, individual communication needs or religious needs. Where people were admitted with a rehabilitation potential their care plans contained assessments of their abilities and goals they were working towards.

● Staff worked with external professionals to ensure together they were able to meet people's needs. An external professional told us, "Staff work with therapy team to ensure we can meet people's needs".

Staff support: induction, training, skills and experience

● New staff went through an induction and probationary period which prepared them for their roles.

● Staff induction included the provider's mandatory training as well as shadowing an experienced member of staff. One member of staff commented, "Induction had a lot of training and prepared me for my role".

● Staff told us they felt supported and had access to 'Trust in conversations'. These meetings provided an opportunity for staff to meet with their managers to agree objectives and discuss their performance.

Supporting people to eat and drink enough to maintain a balanced diet

● People were involved in decisions about their nutrition. Records showed menus were discussed in resident's and relatives' meetings so as to improve people's experience. Staff supported people to maintain good nutrition and hydration. This included special diets, individual choices and preferences.

● People told us they enjoyed the food and said, "We get a choice of two starters and main course I think it's probably nutritious and there's always enough to eat" and "The food is excellent we get a good choice and if we were to get hungry at night, we can always ask for something"

● We saw people had an enjoyable dining experience. Some people chose to have meals in their rooms and staff respected that. People had the same pleasant dining experience and support where ever they chose to eat their meal.

● The kitchen staff were aware of people's dietary preferences and ensured special diets were catered for. Alternative menus were available if and when people changed their minds.

Staff working with other agencies to provide consistent, effective, timely care

● The service had clear systems and processes for referring people to external services, which were applied consistently, and had a clear strategy to maintain continuity of care and support. This allowed effective information sharing and continuity of care.

● People's care and support was planned and coordinated when people moved between different services. People had proactive care plans which enabled information sharing between services.

Adapting service, design, decoration to meet people's needs
● The home had several sitting places where people could spend their time. These included interactive themed sitting corners which people enjoyed. For example, a musical corner.
● The rehabilitation Intermediate Care unit (ICU) was equipped with a kitchenette area where people's abilities around meal preparation could be assessed.
● The home allowed free access to people who used equipment like wheelchairs. People could move around freely in the communal areas of the building and the beautiful gardens.
● People's rooms were personalised and decorated with personal effects, furnished and adapted to meet their individual needs and preferences.

Supporting people to live healthier lives, access healthcare services and support
● People were supported to stay healthy and their care records described the support they needed. Where referrals were needed, this was done in a timely manner.
● Healthcare professionals complimented staff and told us staff followed their advice and sought further advice when needed.
● The service had an onsite community team which supported people on the ICU in rehabilitation. This had a positive impact on the length of time people spent on the unit for rehabilitation.

Ensuring consent to care and treatment in line with law and guidance
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.

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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
● People's rights to make their own decisions were respected and people were in control of their support.
● Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member told us, "We assume everyone has full capacity. If we are not sure we complete mental capacity assessments with the aim of supporting people in their best interest".
● Care plans contained consent to use of photographs and to care documents signed by people or their legal representatives.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us staff were caring. One person told us, "Yes, they are caring, and they talk to me and help me". One relative said, "Staff are really caring. Always happy to help".
- We observed staff talking to people in a polite and respectful manner. It was clear people were comfortable in the company of staff. The atmosphere was calm and pleasant.
- The home had an equality, diversity and human rights approach to supporting staff as well as people's privacy and dignity. People's culture and religion was acknowledged as an important aspect of their care and people were empowered to maintain and develop this.
- The provider recognised people's diversity and they had policies in place that highlighted the importance of treating everyone equally. People's diverse needs, such as their cultural or religious needs were reflected in their care plans. Staff told us they treated people as individuals and respected their choices. One member of staff said, "We treat people as individuals, equally and fairly".

Supporting people to express their views and be involved in making decisions about their care

- People were involved in their care. Records showed staff discussed people's care on an on-going basis.
- Staff understood when people needed help from their families and others important to them when making decisions about their care and support.
- The service ensured that staff and volunteers had the time, information and support they needed to provide care and support in a compassionate and person-centred way. This included developing routines and rotas in line with people's wishes.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff treated people respectfully and maintained their privacy. One person said, "Yes, they always close my door and curtains when they are doing anything for me. They give me a strip wash every day".
- People's care plans highlighted the importance of respecting privacy and dignity as well as supporting independence. One person told us, "Yes, they took me to the kitchen, so I could make a cup of tea and making sure I could go down and use the fridge and they were assessing me to make sure I would be okay when I go home".
- Staff knew how to support people to be independent. One member of staff told us, "We do let them do as much as they can".
- The provider ensured people's confidentiality was respected. Records containing people's personal information were kept in the main office which was locked and only accessible to authorised persons. Staff

were aware of the laws regulating how companies protect information.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support specific to their needs, preferences and routines. People's care plans reflected individual needs with clear guidance for staff to follow to ensure person centred care.
- Care plans included information about people's personal preferences and were focused on how staff should support individual people to meet their needs. For example, people's preferences about what time they preferred to get up or what food they liked to eat.
- The management team ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had an accessible information assessment completed as part of the care planning process. For example, one person had impaired vision and was hard of hearing. The care plan guided staff to speak slowly to this person and always ensure the person wore their cleaned glasses. We saw staff followed this guidance.
- Staff knew people's needs well. One person commented, "They know I couldn't shower myself, they will let me do what I could do myself and they helped me when I needed it and I've never been rushed or pushed to do anything".

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to activities which included in-house, days out and group activities. For example, art therapy, quizzes and crosswords as well as coffee mornings.
- The home employed an activities coordinator who was introducing some changes. They told us, "We do gardening and we do holy communion every three weeks and a church service, and we have outside entertainers come in and one comes in to do exercises with the residents and now I'm finding I'm doing more paperwork now. We had a resident that never came out of their room and we found out they like gardening and we got them a spade and fork and now we struggle to get them in, it's fantastic".
- On the day of the inspection we observed the activities coordinator facilitating a word search and people enjoyed the session.

● We spoke to the management team about improving the variety of activities available to people. They told us people had raised this as an area of improvement in meetings and they were putting a plan in place to improve activities.

Improving care quality in response to complaints or concerns

● The provider had effective systems to manage complaints and the records showed any concerns raised were recorded, fully investigated and responded to as per provider's policy.

● People knew how to give feedback about their experiences of care and could do so in a range of accessible ways, including how to raise any concerns or issues. One relative told us, "I have no complaints but if I did, I would go to the manager".

End of life care and support

● There were no people receiving end of life support at the time of our inspection. The team occasionally supported people with end of life care and they would work closely with other professionals to ensure people had a dignified and pain free death.

● The service had explored people's preferences and choices in relation to end of life care. These were recorded and included spiritual needs, funeral arrangements and preferences relating to support.

● Staff had received training in end of life care and knew how to support people and families.

Requires Improvement

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. This impacted on the smooth running of the service. Leaders and the culture they created supported the delivery of high-quality, person-centred care.

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

- The Intermediate Care unit (ICU) had not been well managed. People were staying in ICU beds for much longer than planned and records did not demonstrate that their care had been reviewed to establish how their rehabilitation might be enhanced. The delays to discharge had mainly been a result of lack of ongoing community services to provide homecare. Since the interim manager had joined the service they had identified this was an area requiring improvement and they were working towards achieving better outcomes for these people.
- Staff supervision records were not always up to date. However, staff told us they felt supported. The interim manager had already identified these shortfalls and had planned staff supervisions.
- The interim manager was open and honest and was doing all they could to build trusting relationships with people and staff. One person told us, "The new manager is not doing a bad job, it can't be easy. I think they are open and transparent, and the staff are good, and I have a good relationship with some of them".
- Relatives and staff told us the interim manager had a visible presence in the service and led very much by example. One relative commented, "We have a stand in one (manager) at the moment and she did the last residents meeting recently. I think she's got more go in her than the old manager and I think she's doing a good job".

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

- The provider met their responsibilities in relation to duty of candour. Duty of candour requires that that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, Continuous learning and improving care

- There was no registered manager in post and the home was being led by a manager from one of the provider's other homes. The provider had appointed a new manager who was waiting to start.
- The provider had effective quality assurance systems in place. These included, audits of care plans,

medicine records and staff files. These provided an overview to ensure improvements were made where necessary. For example, the shortfalls we found had already been identified through the provider's audits.
● The management team promoted continuous learning, they held reflective meetings with staff to discuss work practices, training, development needs and staff's well-being.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People and their relatives had opportunities to provide feedback through surveys. The information gathered was used to improve the service. For example, some comments related to food choices and how people chose their meals.
● People and relatives had opportunities to attend meetings and raise any comments via an open-door policy at any time. In a recent meeting people had requested more trips out and fish tanks. The manager told us this was being considered.
● Staff told us they felt listened to by the interim manager. Staff explained, "The last manager couldn't take any criticism from staff. The interim manager is amazing and very supportive" and "The last manager was not supportive at all. If we asked to talk to her she would tell us to email her. The manager we have now is brilliant, works like a trojan and everyone is very happy now".

Working in partnership with others
● The service worked in partnership with health and social care professionals to ensure people received support to meet their needs.
● Records showed the provider worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.
● The home was transparent, and this was evidenced through their effective communication and reflective practices which aimed at improving care outcomes for people.