

The Orders Of St. John Care Trust

OSJCT Ridgeway House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

About the service:

OSJCT Ridgeway House is a care home for older people, including those living with dementia. 39 people were living in the home at the time of the inspection.

What life is like for people using this service:

Risk assessments and plans to manage the risks people faced were not always kept up to date and some records contained contradictory information. Despite these shortfalls, staff demonstrated a good understanding of people's needs and the support they needed to stay safe. The registered manager had identified that work was needed to update the records. This will ensure any new staff coming into the service have clear information about the support people needed to stay safe.

People and their relatives were complimentary about the care they received and about the quality of staff.

People were supported make choices and have as much control and independence as possible.

People had been supported to develop care plans that were specific to them. These plans were regularly reviewed with people.

People received caring and compassionate support from kind and committed staff.

Staff respected people's privacy and dignity.

People received support to take their medicines safely.

People's rights to make their own decisions were respected. People were supported to choose meals they enjoyed and access the health services they needed.

The registered manager provided good support for staff to be able to do their job effectively.

The provider's quality assurance processes were effective and resulted in improvements to the service.

More information is in Detailed Findings below.

Rating at last inspection:

Good. Report published 21 September 2016.

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will monitor all intelligence we receive about the service to inform when the next inspection should take place.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service 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 well-led.

Details are in our Well-led findings below.

Good ●

OSJCT Ridgeway House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide 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:

OSJCT Ridgeway House is a care home.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are 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 reviewed the information we held about the service and the service provider. The registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

We spoke with seven people and two visitors to gather their views about the care they received. We looked at six people's care records. We checked recruitment, training and supervision records for staff and looked at a range of records about how the service was managed. We also spoke with the registered manager and nine staff in a range of roles in the service. We received feedback from a GP, community nurse and

occupational therapist who provided care to people in the home.

Is the service safe?

Our findings

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

Requires improvement - Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management:

- Risks people faced had been assessed and plans developed to support people to stay safe. However, the plans had not always been kept up to date as people's needs had changed and some plans contained conflicting information.
- One person had assessments relating to the risk of falls that stated they were both at low risk and at high risk of falls. The documents also contained contradictory information about the support the person needed to use the stairs safely. One part stated they used the stairs independently, while another stated they needed assistance from staff to stay safe. There was also contradictory information in an assessment covering support the person would need in an emergency, with one part stating they would not need assistance to evacuate the building in the event of an emergency and another part of the document stating they would not be able to understand the fire evacuation procedure.
- Another person had a falls care plan which stated they did not walk and needed assistance from staff to transfer into and use a wheelchair. The same person had a fire risk assessment which contradicted the falls care plan, stating they would not need assistance to evacuate the building in the event of a fire alarm.
- We discussed these conflicting assessments and risk management plans with the registered manager, who made amendments to remove or change out of date information. During the discussions it became clear that when plans had been updated as people's needs changed, some old information had remained in the plans. The registered manager reported they had identified shortfalls in the care planning records for some people and had started work to review and update all the records.
- Despite the conflicting information in some of the records, staff demonstrated a good understanding of people's current needs and how to support them. Action was needed to ensure any new staff coming into the service had clear information about the support people needed to stay safe.

Systems and processes to safeguard people from the risk of abuse:

- The service had effective safeguarding systems in place. All staff spoken with had a good understanding of what to do to make sure people were protected from harm. Staff were confident the registered manager and senior staff would take action if they raised any concerns. The registered manager had responded well when concerns were raised and worked with the safeguarding team to ensure people were safe. Comments from staff included, "Staff are aware how to raise concerns if needed" and "I'm confident action would be taken. I have no concerns about people's current situation."

- People told us they felt safe in the home. Comments included, "We feel safe. We are always checked up on at night" and "The staff always look out for us." Visitors we spoke with also felt people were safe. Although people said staff helped them feel safe, we received comments from two people that they felt uneasy when other people entered their bedroom uninvited. The registered manager said they were aware of the concerns people had raised and were working to provide additional support to people where needed. The registered manager was working with the Care Home Liaison team to develop strategies to support people living with dementia.

Staffing and recruitment:

- There were sufficient staff to meet people's needs safely, although we did receive feedback that staff were sometimes rushed. Comments included "The staff always tell me there aren't enough of them. Some days it seems pretty tight". However, we also received positive feedback about the availability of staff, with comments including, "The carers are always where they are wanted." The registered manager completed regular assessments of people's needs to determine the number of staff needed. Staffing rotas demonstrated staffing had been provided at the levels assessed as necessary to meet people's needs.

- Staff told us they were able to provide safe care to people. Comments included, "The team works well together. The staffing levels that are scheduled are ok" and "There are enough staff around to provide the care that people need."

- Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people. Recruitment records showed that staff were thoroughly checked before they started providing care to people.

Using medicines safely:

- Medicines held by the home were securely stored and people were supported to take the medicines they had been prescribed. Medicines administration records had been fully completed. These gave details of the medicines people had been supported to take, a record of any medicines people had refused and the reasons for this. There was a record of all medicines received into the home and disposed of. Where people were prescribed 'as required' medicines, there were protocols in place detailing when they should be administered.

- We observed staff following safe practice when supporting people with their medicines and when checking medicines that had been received from the pharmacy.

Preventing and controlling infection:

- All areas of the home were clean and smelt fresh. There were systems in place to prevent cross contamination, which we observed staff following. There was also a system in use to ensure soiled laundry was kept separate from other items. There was a supply of protective equipment in the home, such as gloves and aprons, and staff were seen to be using them.

Learning lessons when things go wrong:

- Systems were in place for staff to report accidents and incidents. Staff were aware of these systems and

their responsibilities to report events. The registered manager reviewed these reports and recorded any actions that were necessary following them. This ensured lessons were learnt following incidents and reduced the risk of an incident re-occurring.

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

Good - 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:

- People's needs were assessed before receiving care to ensure they could be met. People and their relatives told us staff understood their needs and provided the care they needed. One person told us, "They know me. The staff know the history of all of us, physically and emotionally. I personally feel I have a good understanding with them."

- Staff demonstrated a good understanding of people's needs and the support they required. This included specific information about conditions people were living with, such as dementia and diabetes.

- Staff had worked with specialists where necessary to develop care plans, for example occupational therapists and community nurses. The provider employed a team of Admiral Nurses, to provide specialist advice and support in relation to care for people living with dementia.

Staff skills, knowledge and experience:

- Staff told us they received regular training to give them the skills to meet people's needs. This included a thorough induction and training on meeting people's specific needs. New staff spent time shadowing experienced staff members and learning how the home's systems operated. Staff who had recently joined the service told us they were not expected to do anything on their own until they were confident to do so.

- Staff completed assessments to demonstrate their understanding of training courses. Staff told us the training they attended was useful and relevant to their role in the service. The registered manager had a record of all training staff had completed and when refresher training was due. This was used to plan the training programme. Staff were supported to complete formal national qualifications in social care.

- Staff told us they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. The registered manager kept a record of the supervision and support sessions staff had attended, to ensure all staff received the support they needed. Staff said they received good support.

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

- People told us they enjoyed the food provided by the home. Comments included, "I think the food is very good. Both chefs are top notch. You can have what you want, it's hot. You get a choice of two meals. You can always have an alternative to the options as well" and "It's quite good, and there's enough to eat. I go to the small dining room and generally I enjoy meal times."

- People chose to eat their meals in a variety of locations, including dining rooms and in their bedroom. Staff showed people plated meals to help them make their choice. This was particularly useful to people living with dementia who may not be able to express their choices verbally. Staff supported people to eat their meals where needed and ensured people had a drink. Staff were aware of specific diets that people were following and where people needed their food at a specific consistency.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support:

- Where people moved between services, they were involved in the planning. Staff worked collaboratively across services to understand and meet people's needs.

- People could see health professionals where necessary, such as their GP, specialist nurse or attend hospital appointments. People's care plans described the support they needed to manage their health needs. There was clear information about monitoring for signs of deterioration in their conditions, details of support needed and health staff to be contacted.

- A visiting GP told us staff worked well with them to meet people's needs, adding "They know their people well here. They are a good team. That makes it easier for me when I come they can tell me a 'good story' about the person." We observed care staff interacting confidently with the GP, providing clear information about people's needs.

Adapting service, design, decoration to meet people's needs

- People were involved in decisions about the premises and environment. Individual preferences and cultural and support needs were reflected in how adaptations were made and the premises were decorated. People had been supported to personalise their rooms, decorating them with photos, ornaments and small items of furniture to make them more homely.

- Technology and equipment was used effectively to meet people's care and support needs. This included sensor alarms to alert staff that people may be at risk of falling.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People told us staff gained their consent before providing any care. Comments included, "They explain and ask before doing anything. I feel we can make decisions about our care" and "They always ask, they wouldn't just do something." We observed staff gaining people's consent before providing any care or

support.

- Applications to authorise restrictions for some people had been made by the service. Cases were kept under review and if people's capacity to make decisions changed then decisions were amended. Staff understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if the person lacked capacity.

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.

Good - People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with kindness and were positive about the staff's caring attitude. People said the staff were kind to them and respected them. Comments from people included, "They are definitely kind. If you want to do something, they won't stop you" and "I feel well treated by staff. They are very approachable and always ready for a chat and a joke."
- A visiting GP was very positive about the care provided in the home, describing staff as "kind and caring".

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

- Staff supported people to make decisions about their care, and knew when people wanted help and support from their families. Staff signposted people, families and friends to sources of advice and support or advocacy. People told us they were involved in regular discussions about the care they receive and any changes they needed.
- Staff had recorded important information about people; for example, personal history, plans for the future and important relationships. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided. This information was used to ensure people received support in their preferred way.
- People's communication needs were assessed and recorded. Staff were seen to be following these plans, and communicating with people in their preferred way.

Respecting and promoting people's privacy, dignity and independence:

- We observed staff working in ways that respected people's privacy and dignity. Staff were discreet when discussing the support people needed with their personal care. Staff maintained confidentiality when discussing sensitive information about people. Confidential records were locked away when staff were not using them. People told us staff respected their privacy, with one person commenting "If you want to be alone you can put a sign up and they respect that."
- People's diverse needs, such as their cultural or religious needs were reflected in their care plans. People said staff supported them to meet these needs. This had included supporting people to make contact with religious leaders and to maintain contacts with their friends and family.

Is the service responsive?

Our findings

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

Good - People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People were supported to make choices and have as much control and independence as possible, including in developing care plans. Relatives were also involved where appropriate and where people wanted that.
- People's needs were identified, including relating to protected equality characteristics, and their choices and preferences were regularly met and reviewed. For example, reasonable adjustments were made where appropriate. The service identified, recorded and met communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard. People's care plans set out any support they needed with communication and staff were seen to be following these during the inspection.
- People were supported to take part in a range of activities they enjoyed. There was a planned schedule of group and one to one activities. Comments from people included, "There is a good activities person, we have bingo, music, word games. They keep me busy, there's always something going on and I join in most things" and "I join in activities if I don't have other things to do. I know what's going on from [the activities co-ordinator] and the print out we get. I couldn't find anyone to play chess with so [the activities co-ordinator] has played with me."

Improving care quality in response to complaints or concerns:

- People told us they knew how to make a complaint, and were confident any concerns would be dealt with. Comments included, "If there's something you're not happy with, you can see any of the staff and tell them and it will be sorted." Records demonstrated complaints were investigated and the complainant was provided with a response, including an apology where appropriate.
- Records of 'residents' meetings' showed complaints were regularly discussed and people were reminded how they could raise any concerns. The complaints procedure was available in a large print version and displayed in the home on a noticeboard, along with contact details and a photo of the registered manager.

End of life care and support:

- People were supported to make decisions about their preferences for end of life care, and in developing care plans. The service worked with health professionals where necessary, including the palliative care team.
- Staff understood people's needs, were aware of good practice and guidance in end of life care. People's

religious beliefs and preferences were respected and included in care plans.

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.

Good -The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The registered manager maintained an open and transparent culture which contributed to staff work satisfaction and which prioritised safe, high-quality, compassionate care. This supported staff to deliver good care for people.
- Staff praised the management and told us the service was well run. Comments included, "[The registered manager] is a good manager and very understanding. She helps on the floor if needed and provides good support" and "[The registered manager] is fair. There are support systems in the Trust and we see the area manager most weeks."
- The management team had a good understanding of their responsibilities under the duty of candour.

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

- There was a clear staffing structure and staff were aware of their roles and responsibilities.
- The provider had effective quality assurance systems in place. These included, reviews of care records, medicine records, care plans, staff files and quality satisfaction surveys. In addition to checking records the management team completed observations of staff practice. This was to assess whether staff were putting the training and guidance they had received into practice. The registered manager submitted monthly assessments of the service to senior managers. The results of the quality assurance checks were used to plan improvements to the service. An area manager visited the home regularly to assess the service being provided and ensure the improvement plan was being implemented effectively.
- The service had effective systems to manage risks to people using the service, staff and members of the public. Fire equipment was regularly checked and there were checks to ensure water and gas systems were safe to use. The service had contingency plans in place in case the building was not safe to use.

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

- The service involved people, their families, friends and others effectively in a meaningful way. The registered manager responded to issues raised in quality surveys and let people know what action they had taken. The registered manager had established a committee of people using the service, who met regularly

to discuss the way the service operated and provide suggestions and feedback. As a result of their feedback the committee had influenced questions asked when new staff were being recruited, menus and décor of the home.

- Staff told us they felt listened to, valued and able to contribute to the running of the service.

Working in partnership with others:

- The registered manager worked well with the local health and social care professionals. They had established good links and working relationships.
- The registered manager had developed links with the local dementia alliance and had offered them space to hold their meetings. They were also working with the local community policing team and a local college. This helped to ensure community groups had a greater understanding of the experience of people using the service.