

The Orders Of St. John Care Trust

OSJCT Grevill House

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

The Orders of Saint John Care Trust site in Charlton Kings accommodates two homes which were both inspected during this inspection. Grevill House provides accommodation for 50 people who require nursing, residential and personal care over two floors. Adjacent to Grevill House is the Ashley Intermediate Care Centre which offers intensive re-enablement support for 15 people who require rehabilitation following a hospital stay, before they return home. Both services stand in well maintained gardens.

At the last inspection, the service was rated Good. This inspection took place on 16 and 19 June 2017 and was unannounced. At this inspection we found the service remained Good.

People and their relatives were positive about the support and care they received. They praised the staff and told us they were treated with warmth, dignity and respect at all times. Staff understood people's needs and responded effectively if people's health and emotional wellbeing changed. Records showed that health care professionals had been contacted when staff needed extra support or advice.

People's risks had been assessed and were managed in line with their care plans and health care professional recommendations. However, the care files of people who stayed on the Ashley Intermediate Care Centre did not always effectively reflect their support needs or re-enablement goals. Whilst we found staff we spoke with were knowledgeable about people's care needs and re-enablement goals their care plan did not provide staff with all the information they would need to know how to support people if they were to solely rely on their care plans. At the time of our inspection the provider was taking action to further improve people's care plans.

People were encouraged to agree to the care and support being provided. People's mental capacity had been assessed before staff made best interest decisions on their behalf. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff felt trained and supported to carry out their role. Their professional development was being monitored and they were encouraged to undertake additional qualifications in health and social care. People were protected from harm and abuse as staff had been trained in safeguarding people and were knowledgeable about reporting any concerns. There were sufficient staff on duty to ensure people's physical, emotional and social needs were being met in a timely manner. Safe recruitment practices were being used which meant that people were supported by staff of good character.

Systems were in place to ensure people received their medicines as prescribed. Where medicine errors occurred, the registered manager carried out a full investigation, reflected on their findings and carried out actions to reduce the risk of future errors.

The registered manager was accountable for both Grevill House and Ashley Intermediate Care Centre.

Monitoring systems were in place to ensure the services were operating effectively and safely. Internal and external audits were carried out to continually monitor the overall services provided. Shortfalls identified in the monitoring of the services were acted on however more time was needed to ensure concerns relating to people's care plans would always be identified and rectified promptly. The registered manager was planning to review the auditing and monitoring of the Ashley Intermediate Care Centre to ensure people received safe and effective care.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service was responsive.

People received care and support which was focused on their individual needs and goals. Their backgrounds, support needs and risks were known by staff.

People's care records in Grevill House were detailed which provided staff with guidance on how they preferred to be supported.

Plans were in place to update people's care plans in the Ashley Intermediate Care Centre.

Staff responded to people's concerns and complaints.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The provider's quality assurance systems did not always monitor the service delivery, risks and care planning of people who stayed at the Ashley Intermediate Care Centre effectively. The registered manager did not have a clear system to monitor the specialist training needs of the nursing staff.

Staff were positive about the management of Grevill House and Ashley Intermediate Care Centre. Incidents were managed well and reported to the appropriate authorities.

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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 checked 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 comprehensive inspection took place on 16 and 19 June 2017 and was unannounced. The inspection team consisted of an inspector, a specialist advisor 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. The expert had experience and knowledge of caring for older people.

Before the inspection the provider 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 also reviewed the information we held about the service as well as statutory notifications. Statutory notifications are information the provider is legally required to send us about significant events.

During our inspection of Grevill House we spoke with 14 people and four relatives and visitors. We looked at the care plans and associated records of six people. We also spoke with eight care staff, the chef, the activities coordinator and a housekeeper. At the Ashley Intermediate Care Centre we spoke with eight people and looked at the care plans and associated records of three people. We also spoke with two care staff and the unit lead. Throughout our inspection we spent time walking around Grevill House and Ashley Intermediate Care Centre observing how staff interacted with people. We also spoke with two visiting health care professionals and the registered manager and a representative of the provider. We looked at staff files including the recruitment procedures and the training and development of all staff. We also checked the latest records concerning complaints and concerns, safeguarding incidents, accident and incident reports and the management of the home.

Is the service safe?

Our findings

People who lived at Grevill House and stayed at Ashley Intermediate Care Centre for a short period told us they felt safe living at the home. People's comments included "It feels like a safe place, no worries at all. I feel safe here, definitely" and "I was so pleased to hear I was coming back here because I know I will be treated properly. The best thing of all is I feel so safe and secure." Induction training for all staff included safeguarding training and staff had a clear understanding of their responsibilities to safeguard people from abuse. One staff member said, "I know that I have a responsibility to whistle-blow and we have a hot line or can tell other organisations such as social services if we think someone has been harmed or mistreated."

Risks to people's safety and staff supporting them had been identified using universally recognised screening tools, effectively managed and reviewed. These areas included any potential hazards in the environment, risks when people were supported by staff to move or transfer, risk of falls, weight loss, choking and the development of pressure ulcers. For example, one person had moved into the home with underlying skin problems and was at risk of further skin damage. Their risk management care plan guided staff on how to keep the person safe including ensuring people frequently changed position to relieve the pressure on their skin. Nurses promptly identified changes in this person's skin and with advice from a specialist tissue viability nurse a wound care plan was put in place and the person's skin had started to heal.

People were supported by sufficient staff with the right skills and knowledge to meet their needs. Staff told us they felt that staffing levels were generally good and they worked as a team to ensure people's needs were being met promptly. Staff picked up additional shifts if there were any unplanned shortages in staff. Safe recruitment procedures ensured that people were supported by staff with the appropriate experience and character. Appropriate health and background checks had been carried out on all new staff before they started to work with people. The registered manager could explain the reasonable adjustments they had made for staff who had disclosed any physical or mental health issues to ensure they were fit enough to care for people. However, these adjustments had not always been recorded to ensure a record would be available to support managers to monitor and review these arrangements. This was raised with the registered manager who told us that they would ensure their decisions were recorded.

There were safe medicines administration systems in place in both Grevill House and the Ashley Intermediate Care Centre. People's medicines were ordered, stored and administered in a safe and timely manner by the head nurse. The service had a policy for the administration of homely remedies such as pain relief and the GP had approved the use of homely medicines for people as needed. Protocols were also in place to provide guidance on the administration of 'as required' medicines. When people moved into the Ashley Intermediate Care Centre their medicines were initially managed by staff. The pharmacist visited the centre twice a week to review the management of people's medicines if needed and to assess people's ability to self-medicate.

Incidents involving medicines were reported, recorded and investigated so that action could be taken to reduce the likelihood of a similar error occurring. Medical advice was also sought to ensure there were no

adverse effects to people's health on the rare occasion they did not receive their medicine as prescribed.

A team of housekeepers were knowledgeable about infection control and ensured the home was kept clean and free from the risk of infection. People and their relatives complimented the cleanliness of the home. One person said, "I think they are even more house-proud than I am!"

Is the service effective?

Our findings

Most staff had received the training they required to carry out their role including fire training, living well with dementia and pressure care. A system was in place to ensure staff training at Grevill House and Ashley Intermediate Care Centre would be monitored and arranged as needed. Records showed plans were in place to ensure outstanding training would be completed to ensure staff's skills and knowledge were kept up to date.

Nurses had also been supported in their professional development and care staff were encouraged to undertake additional qualifications in health and social care. New staff had completed an induction programme, which incorporated the Care Certificate. Care staff were also expected to understand the provider's values and expected standards of care.

Staff told us they felt supported in their role and could request support and advice at any time. Staff received regular formal supervision and we were told a new format of supervision had started to be implemented. The registered manager explained that they were supporting staff and their line managers to understand how to plan, measure and review staff's personal objectives under the new format.

Staff sought people's consent before they provided people assistance with their care needs. Staff told us if people were unable to express their views they gathered information about people from their relatives to ensure they understood people's preferences. Records showed that people's mental capacity had been assessed when there had been any doubt about people's ability to make specific decisions about their care and where best interest decisions had been made on behalf of people. 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). Staff supported people in the least restrictive manner and when required the registered manager had applied to the local authority to gain authorisation to deprive people of their liberty, where alternative methods of support were not viable.

People were encouraged to maintain a balanced diet and were offered a choice of drinks. Most people enjoyed eating their meals in the dining room. They told us they appreciated the background music, flowers on the table and a pictorial menu which supported people to make their food choices. People's comments included, "I actually look forward to mealtimes" and "The meals here are very nice." People received the support they needed during meal times. One relative told us, "They let her go at her own pace. They never force her to eat but they do encourage her and she needs that bit of encouragement."

People at risk of malnutrition were provided with fortified meals and drinks, and nutritional supplements. Thickened drinks and pureed food was provided to people at risk of choking to ensure they received sufficient nutrition.

Records indicated that a range of health care professionals had been involved in assessing and evaluating people's care including the district nurse, community mental health nurse, tissue viability nurse, speech and

language therapist (SALT) and dietician. They told us staff were knowledgeable about people's needs and had been responsive in implementing their recommendations. One person told us they were waiting to see the doctor and staff ensured the GP visited the home regularly to review people's health needs.

Is the service caring?

Our findings

There was a relaxed atmosphere at Grevill House and the Ashley Intermediate Care Centre. Throughout our inspection we observed warm and genuine relationships between staff and people who lived in the homes. People who lived at Grevill House said comments such as "I like it here very much indeed. Everything is good. They look after me and treat me with respect. The carers are lovely"; "You never feel like you're looked down on" and "They're super here, lovely people. Nothing's too much trouble. You've only got to ring your bell." One person who was staying the Ashley Intermediate Care Centre told us, "The care here is bloody marvellous. It's wonderful. They push you to do your best. The care I have received is very positive." They went on to describe how staff had supported them when they had fallen. They expressed gratitude about the kindness of staff. Another person from the Ashley Intermediate Care Centre said, "It's been fine. There's a friendly atmosphere and the helpers are great. The food is brilliant – just like I used to cook!"

Staff were positive about their role and the support people received. Their training included subjects such as privacy and dignity and equality and diversity. One staff member said, "We have a happy home. I think we do work well as a team and we're not afraid to ask for help." Staff explained how they supported people with dignity and respect such as "I always give people their personal space and never stand over them if they are carrying out their own personal care or something private." One staff member had been allocated the role to organise a cake, present and a card on people's birthdays. They said, "I love working here. I always try to come into work cheerful and with a positive attitude and make sure people are not isolated."

Staff on the Ashley Intermediate Care Centre explained how they supported new people who moved into the centre to ensure they felt settled, learn the layout of the centre and the role of the centre. Staff on the centre were considering the use of white boards in people's bedrooms to ensure personal information on the white boards about people did not compromise their dignity.

The registered manager explained how they had worked with staff to ensure people were treated in a dignified and respectful manner and to ensure people live in an environment which is safe and non-discriminatory. "The human rights of people underpin everything we do. We have a young staff team here and they are fully aware of the diverse world we live in." They went on to say we would do our best to support people and ensure people with diverse needs or beliefs have access to clubs and support groups without prejudice.

On the days of our inspection, the weather was very warm; Staff checked that people were comfortable in the heat such as putting on fans and drawing the curtains to keep their bedrooms and the communal areas cooler. The registered manager also circulated information on tips for coping with the hot weather.

People who were able to make decisions for themselves were involved in the planning of their care and consented to the care and support being provided. We observed staff adapting their approach to meet people's needs and wishes to gain their consent before they supported them. For example, a staff explained how they communicated with people who became confused and who may sometimes refused their support. They explained the actions they would take if a person declined support with their personal care

and said, "I'll come back later. If that doesn't work, I'll ask someone else to come in."

Is the service responsive?

Our findings

Throughout our inspection we observed people receiving personalised care which was responsive to their needs. Staff spoke confidently about how they supported people and how they had responded to changes in people's well-being. The registered manager explained that Grevill House now had a greater number of people with residential needs instead of nursing needs living at the home which had changed the culture and the dynamics of the home as there was a greater emphasis on supporting people's levels of independence rather than supporting people with their medical needs.

Staff in both Grevill House and Ashley Intermediate Care Centre had detailed handovers between shifts to ensure significant information about people was communicated to the next staff team on shift.

We found the quality of information in people's care plans varied between the two homes. People's care plans who lived at Grevill House were detailed and provided staff with information about their background and things which were important to them as well as their support requirements. However, whilst staff were knowledgeable about people's needs at Ashley Intermediate Care Centre, the care plans of people staying at the centre were less detailed. Our concerns about people's care records at Ashley Intermediate Care Centre was discussed with the unit lead and registered manager who immediately reviewed and updated people's care records to indicate their level of independence and people's personal goals such as to be able dress independently before returning home.

The Ashley Intermediate Care Centre provided people with an opportunity to regain their skills, strength and confidence in activities of daily living, often after a period of time in hospital and before they returned home. The unit lead of Ashley Intermediate Care Centre told us they tried to gain as much information about people before they arrived to ensure that the centre would meet their needs. People on the Ashley Intermediate Care Centre had access to an in-house therapy team which provided them with exercises and daily living activities during their stay. A multi-disciplinary team meeting occurred weekly to discuss people's progress and goals and future plans. Most people were positive about the support and therapy that they received in the centre. However two people expressed that they felt communication about the frequency of therapy they should expect should be better communicated. This was raised with the unit lead who stated that they would discuss this with the therapy staff.

Staff at Grevill House were knowledgeable about the people who stayed at the home. They told us they had developed a good understanding of people's preferred routines, dislikes and likes and adapted their approach accordingly. People's care records were regularly reviewed to reflect any changes in their support and their daily notes reflected the support people received and people's well-being. Staff had worked with and sought advice from health care professionals when people's needs had changed. For example, staff had referred one person to the mental health team when they had started to refuse treatment and meals.

People were mainly positive about the activities provided at Grevill House. People told us how they enjoyed group activities such as music, quizzes and activities in the garden. The activities coordinator was supported by volunteers who carried out one to one activities such as reading to people. The activities coordinator

explained that they tried to make additional time for people who did not always have regular visitors. The home had access to a minibus one day a week but people told us there hadn't been many trips offered recently. The activities coordinator told us they had recently appointed a second activities coordinator who would enable them to provide a wider range of more personalised activities and increase the range and frequency of trips out. People at Ashley Intermediate Care Centre were invited to access the activities and events which took place at Grevill House, although we were told people declined the offer.

People's relatives and friends were welcomed to the home. Some people were supported to keep in touch with the news and in contact with friends and family by using electrical devices. One person explained they enjoyed using social media to keep in contact with people. They said "I quite often need to ask for help as all this technology is beyond me sometimes. These youngsters (staff) get it all sorted very easily."

The home supported people's relatives and listened and acted on their views of the home. They told us they felt comfortable to raise any concerns with staff or the registered manager or express their views at residents and relatives meetings. The home ran a regular 'Advice Bites Café' which provided relatives with an opportunity to share their concerns and gain a better understanding on people's medical needs and learn about local resources. The provider's quality and complaints policy was displayed on home's notice boards. We inspected the home's complaints file and found that where complaints had been made they had been investigated and acted on.

Is the service well-led?

Our findings

The registered manager had been in post for several years and knew people and staff well. 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 registered manager was supported by a new area manager who visited the home regularly and remained in regular contact with the registered manager to ensure the service was being managed efficiently.

The shortfalls in the care records of people who stayed at the Ashley Intermediate Care Centre were discussed with the unit lead and registered manager at the time of our inspection as this was an area that required improvement at our last inspection. The unit lead told us they had implemented a system with the therapy team to capture people's re-enablement goals and progress but this had not been continually embedded into the care planning of people's support needs. The registered manager did not routinely audit or monitor the care planning of people's needs at the Ashley Intermediate Care Centre and the provider's recent audit of the service had not recognised this shortfall. The registered manager has met with the unit lead and together they have developed an action plan to address our concerns as well as introducing a regular audit of a sample of care plans each month. This will help to ensure that people's care records reflect their needs and goals. The effectiveness of the new systems will need time to be embedded into the centres processes and will be reviewed at our next inspection.

People's accidents and incidents were reported and investigated on an individual basis and monitored however Ashley Intermediate Care Centre would benefit from analysing accidents over a period of time to review any patterns or trends and their response to call bells. This would ensure staff were aware of any potential hazards for people who were at risk such as falling.

The provider assisted the nursing staff to revalidate their professional nursing qualifications; however a comprehensive system was not in place to monitor the specialist clinical skills of the nursing staff to ensure they had the current skills and knowledge to support people with complex clinical needs. This meant people were at potential risk of not having their health needs being met by effective nursing staff.

The registered manager felt their biggest achievement since our last inspection was retaining a strong and dependable team. They said, "I feel very proud of the excellent team I have here. We have few leavers and have not used agency staff in a long time." They went on to say, "What I am proud of is that residents have a positive experience at Grevill House." They explained that their opinion was supported by their observations and conversations with people and their relatives. For example, one person said "I've been in lots of care homes and this is by far the best." The registered manager told us that their door was always open to staff, people and their relatives to speak to them about any concerns and that they tried to allow staff to work independently but feel supported and to embed the provider's values on work.

On the first day of our inspection, the home had invited local residents and neighbours to the home for

lunch and entertainment as part of the 'Care Home Open Day' in conjunction with The Big Lunch. The day emphasised the importance of the home connecting with local communities. We observed that visitors were welcomed warmly by staff and people into Grevill House.

Staff expressed confidence in the management of both Grevill House and the Ashley Intermediate Care Centre. Staff told us that the senior staff were supportive and that their supervision sessions were useful. Records showed there were regular meetings between staff and departments to ensure the homes' ran smoothly. Systems to monitor the quality of the service being provided were regularly carried out such as monitoring people's pressure areas and nutritional needs. The outcome was shared with the provider to identify any trends or shortfalls in the management in people's pressure care across the organisation. A representative of the provider visited the home regularly to support the registered manager and to monitor the service. All actions identified in the quality monitoring of the service and the site visits fed into the central action plan which were being worked on by the registered manager and staff.

Records showed that a recent concern about the sanitisation of the home's water supply and a recent chest infection outbreak had been immediately acted on to ensure people's safety. People's equipment, utilities and fire equipment were regularly serviced and tested. However, a variation of the fire drill being carried out during different times of the day would ensure that all staff were confident in the home's fire procedures in the event of a fire.