

The Orders Of St. John Care Trust

OSJCT Buckland Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?	Requires Improvement 

Summary of findings

Overall summary

About the service

OSJCT Buckland Court is a residential care home providing personal care without nursing for up to 50 older people. At the time of the inspection 42 people were living at the home. Some people had limited verbal communication, so we captured some of their experiences through observations. On the first day of inspection 10 people were out for most of the day at a Christmas party.

The home had a separate dementia unit which was more secure to keep people safe. There was a community "Animal Ark" being created in the grounds to house a variety of animals. Some people attended the home during the day to attend the day service. We do not regulate people who attend this facility. There was also the facility for people to complete short stays at the home.

People's experience of using this service and what we found

People felt safe and well cared for living at the home. However, improvements were required in medicine management and reducing risks when identified. No impact was found to people in these areas.

Systems to audit the home were in place at both provider and management level. However, when these had identified improvements which needed to be made action had not always been taken in a timely manner. Provider's policies were not always followed by staff and the management. During and following the inspection, improvements and ways to mitigate risks had been shared with us by the management.

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 by enough staff, although care staff felt they would like more time to socialise with people. Staff were kind and caring throughout the inspection. Only positive interactions between people and staff were witnessed. Staff clearly knew the people living in the home well. Staff respected privacy and dignity throughout the inspection.

The management had driven a positive culture of the home being part of the community. Links had been developed with other health and social care professionals and plans to continue this were shared. The current management clearly wanted to make improvements and were open during the inspection to how this could be achieved.

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

Rating at last inspection

The last rating for this service was good (published 29 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to medicine management and timely responses to identified issues recognised by the management at this inspection.

Please see the action we have told the provider to take at the end of this report.

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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

OSJCT Buckland Court

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

This inspection was carried out by one inspector, a member of the medicines team, an assistant inspector 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 Buckland Court 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 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 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 looked at other information we held about the service and provider before the inspection visit. We also contacted health and social care professionals who were in regular contact with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with fourteen people who used the service and three visitors including relatives and a health care professional. We spoke with the registered manager, head of care and the area operation director. We also spoke with nine members of staff.

We looked at five people's care records and 13 people's medicine administration records. We observed care and support in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at two staff files. We looked at information received in relation to the general running of the service including auditing systems and environmental files.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The management sent us further information, and some updates on the concerns found on inspection. We requested a variety of information including policies and procedures. All this was sent in the time frames given.

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 now deteriorated to requires improvement. This meant 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.

Using medicines safely

- Medicines were not always managed safely. Some people were prescribed medicines to be taken "as required". Protocols were not always in place for these medicines to ensure they were administered consistently. The head of care told us they had already identified this issue. During the inspection the head of care was working to rectify this concern. Following, the inspection they told us and showed us they had completed protocols for all 'as required' medicines.
- People were at risk of staff members not being able to effectively support their medical and health needs. This is because care plans for medicines were not in place for anyone at the home. This does not meet national guidance issued by National Institute for Health and Care Excellence (NICE).
- People's care plans had no guidance to help the staff monitor or manage side effects of high-risk medicines such as blood thinning medicines. This meant there was a potential risk, staff members may not be able to respond appropriately and take necessary action regarding each high-risk medicine. Following the inspection, the provider demonstrated there was some general information in relation to falls to guide staff when people were on blood thinning medicine. They also reviewed their policy and guidance in relation to high risk medicine.
- One person had their medicine administered in a way which was not in line with prescriber's instructions. Therefore, there was a potential risk these medicines may not be effective.
- The process to receive and act on medicine alerts was not effective and staff were unable to show us. We could not find evidence of medicines alerts being received and actioned in the home. This meant there was a risk staff members may not be aware of the medicine alerts and hence placed people at risk of harm. Following the inspection, the provider shared the system in place to manage medicine alerts and take actions when required.

We found no evidence that people had been harmed. However, medicines were not always managed safely. This placed people at risk of potential harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Throughout the inspection we saw people's medicine was administered safely and in line with their preferred method. The staff were polite, gained permission and then gave medicines to people. One person said, "They know what they are doing. They do medicines rounds and I do not have to bother with it."
- Medicines were stored securely including those requiring refrigeration and extra security. Staff were regularly checking temperatures were in a safe range.

Assessing risk, safety monitoring and management

- Most risks to people had been identified and ways to mitigate them found. This included for things like falls, pressure care and eating and drinking.
- However, risks to people with a specific health condition had not been mitigated including no guidance in place in their care plans. Staff had not received training in their condition. Neither were there any details including how to recognise a decline in their health condition. During the inspection, the registered manager said they were sourcing training for the staff in this health condition as two other people had it too. The issue had been identified by the provider's quality team in November 2019.
- Environmental risks had been considered and ways to mitigate them recognised. This included liaising with specialist firms for advice and risk assessments.
- However, key actions identified by the March 2017 fire risk assessment to mitigate risks had not all been completed. For example, replacing fire doors to the main kitchen. During the inspection, the area operations manager and registered manager immediately contacted the relevant department and found ways to mitigate the risks. Following the inspection, we alerted the local fire service.
- People who displayed levels of anxiety had guidance in their care plans. Staff knew them well and ways to support them to reduce anxiety levels. However, one person had a specific condition which staff had no training in. The registered manager started sourcing this during the inspection.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and staff kept them safe. One person when asked if they felt safe said, "Yes, I do." Another person told us, "It is safe, the whole ambiance of the place, I know where to find them [staff], nothing is a problem."
- Staff knew how to recognise signs of abuse and who to report concerns to. All staff agreed action would be taken if they raised issues. They were aware of external bodies they could speak with.
- However, many children regularly spent time in the home including at an after-school club. When the children came with a school or club they would be accompanied by their own staff. Staff at the home had no awareness training in relation to children's safeguarding. Following the inspection, the provider told us they would consider and review their position on this.

Staffing and recruitment

- People were supported by enough staff to meet their needs. One person told us how they could just, "Press the yellow button" and staff would come. Throughout the inspection call bells were responded to quickly by staff.
- Staff felt there were enough of them to make sure people's needs were met. Some felt they would like additional members of staff on shift, so they could spend more time socially with people.
- However, there were occasions when staff were not always present because they were busy helping in another area. For example, at lunch in the dementia unit one person waited over 10 minutes for staff to recognise they were distressed. As soon as it was identified, support was put in place for them.
- Systems were in place to make sure suitable staff were recruited to support vulnerable people. Staff agreed they did not start working until necessary checks had been completed such as references from previous employers.

Preventing and controlling infection

- Staff had access to protective equipment such as gloves and aprons to help reduce the spread of infection. However, there were occasions these were not always removed before moving to a different space.
- The home smelt pleasant throughout the inspection and all areas were clean or being cleaned regularly.

Learning lessons when things go wrong

- Examples were seen that the staff and management had made changes when something went wrong. One person had had many falls in a short space of time. In response a mat to alert staff so they could support them was put in place.
- Systems were in place to spend time with people and staff to debrief after accidents or incidents. This helped them identify if changes were needed and then action was taken.
- The provider centrally reviewed accidents and incidents so other services could learn from them.

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 now 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

- People had their needs and wishes assessed thoroughly prior to moving into the home. All staff were made aware and had access to the information. Most of the time the care plan then reflected assessed needs.
- Staff were constantly assessing people's needs throughout the day. When they recognised needs changed, action was taken, and information shared in handovers.
- Systems were in place to share most current guidance, laws and standards. The provider had management meetings which allowed information to be passed on and best practice could be shared.

Staff support: induction, training, skills and experience

- Staff felt they had enough training to support people's needs. One person said, "I feel safe. have hoist/sling [for transfers]. It is alright staff know what they are doing." Comments from staff were around the range of training they had received. One member of staff said, "We have fire training every six months. The fire brigade come in."
- However, there were occasions when people had specific needs and training had not been completed in line with these. The registered manager told us they would take this forward and liaise with senior nurses working for the provider.
- Staff were able to complete training in specialist health and social care qualifications. One staff member told us about the qualification they were about to complete.
- All new staff completed an induction. This included shadowing experienced staff and undertaking the Care Certificate. The Care Certificate is a set of basic standards all health and social care workers should have.

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

- People were supported to eat a healthy, balanced diet. One person told us the food was, "Very good". They went on to explain they could choose from a meat or vegetable option. Other comments included, "Lunch we have main and dessert. I love it, it is lovely. I enjoy every meal" and, "The food is very good. There is usually a choice."
- Mealtimes were considered a social opportunity. People could choose whether to eat in communal spaces or their bedrooms. One person in the dementia unit chose to stay in their bedroom. Others went to the dining room.
- People with specific eating or drinking needs had these met. The provider had recognised how well the chef presented softened food. So, the chef was sharing the ideas with all the other homes in the area.

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

- People had access to health professionals when their health declined. One person had been supported to the dentist on the first day of inspection. Others had records of regular visits to or from health professionals. One health professional told us staff always contacted them when it was required.
- However, there were occasions people moved into the home and contact had not been made with relevant health specialists for conditions they had.

- Staff had built a positive relationship with other health and social care professionals. They followed instructions health professionals gave to meet people's needs. One health professional said, "We have built up a really good relationship" and confirmed staff followed their instructions.

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

- People's individual needs were accounted for to help them navigate their way round the home. Colours had been picked so those with sight difficulties and dementia could distinguish grab rails and doorways. There was also signage around the home to help people navigate.
- Bedrooms were personalised, and people could bring things from their homes to help with their memories. Some people had ornaments whilst others had pictures or photographs.
- The registered manager told us it was important people were involved in designing their home including the additional features. They all chose at a resident meeting the animals they would like to live there.

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.

- Staff knew to ask for people's consent prior to supporting them. Prior to supporting people with a task, we saw the staff member gain consent.
- Care plans demonstrated capacity and consent had been considered. It was always decision specific. If decisions were made for a person who lacked capacity, they were in their best interest and least restrictive.
- However, staff were not always as clear about the legal framework when people lacked capacity. Some staff felt they would like more training on this.
- Systems were in place to manage DoLS and applications were made when they were required.

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 now 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 were supported by kind and caring staff who respected their diversity. Comments about staff included, "They are very good", "Staff are lovely, wonderful and they are around", "Staff are good and kind. They go the extra mile" and, "Staff are marvellous. Lovely girls. I like them all." One health professional said, "Everyone [meaning staff] is very friendly."
- Staff members spoke about people fondly and it was clear they had positive relationships with them. One staff member said, "We can chat with them [people] and know. They can share personal things. We are like their friends."
- Compliments echoed what we were told and saw. One compliment read, "We would like to try and thank you for the professional care, compassion and kindness you have always shown to [name] in the (long) time she has been in your care. You have become more like friends than simply service providers and we shall forever be grateful for the care you gave [name] and the peace of mind you gave us as a family."

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

- People were able to make choices about their care and staff respected them. One person told us about how they chose to stay in their bedroom rather than go to communal spaces. Other people were freely moving around the home throughout the inspection.
- Ways people made choices was adapted dependent upon their needs. In the dementia unit, people were shown two plates of food at meal times and then selected the one they wanted. Staff were careful to look for any signs of choice.
- People were involved in making decisions about their care. One person told us about being asked their preferences about specific aspects of care. Relatives were involved when people were less able to contribute.

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to protect people's privacy and dignity. They knocked on people's bedroom doors before entering and announced who they were. If staff needed to talk to a person in a communal space, they always respected their privacy.
- Staff were able to tell us how they protected people's privacy and dignity during intimate care. They knew to make sure doors were closed.
- People were encouraged to remain as independent as possible. They were able to choose where they spent time. Some would access the community. One person said, "I am extremely happy here. I love this place I really do."

- However, prior to being served food at lunchtime all people in the dementia unit had to have their hands wiped with wet wipes. The staff did try and do it in as dignified a way as possible. The registered manager told us this was to ensure people had clean hands. They were willing to review the practice.

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 now 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

- Care plans reflected people's needs and wishes. When possible, people or their family members were involved in contributing to the care plans.
- However, there were occasions when key sections had not been completed fully to provide clear guidance to staff. For example, in relation to medicine and specific health conditions. Some of these had already been identified by the provider and management. Changes were being made.
- Changes to people's needs was communicated amongst the staff team during handovers. This included highlighting if there were any actions observations staff had to complete in line with the changes. Care plans were updated to reflect these changes.

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.

- The provider and registered manager were aware of their responsibilities in relation to AIS. Actions had been taken to ensure people had information communicated in line with their preferences. Menus at lunchtime were present and the words were supported by pictures.
- Care plans contained details about people's preferred communication methods and staff were aware of these.

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 were able to participate in a wide range of activities which met their needs and interests. On the first day of inspection, 10 people attended a Christmas lunch held by the provider. When they arrived back at the home they were all incredibly excited about how much fun they had.
- Activities considered peoples cultural and religious needs. School children came in to sing Christmas carols during the inspection. There were regular church services held at the home.
- There was a strong ethos of community involvement as part of the activities. This included intergenerational activities such as afterschool clubs which promoted friendships between children and the people. One person spoke fondly about the friend they had made with one of the children and the Christmas present they had received. They told us they were hoping to reciprocate this.
- People were supported to maintain relationships with friends and relatives. One relative said, "'I am always offered tea and lunch if there is enough.'" Recently, the home had held a celebration of two people's

67-year marriage vow renewal service with a big party.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to complain and felt listened to. One person said, "I would go straight to [registered manager] if issues" and explained they had never needed to. Others confirmed they had never had reason to complain.
- One relative told us they had raised a few things with the management. All of these had led to actions being taken. They said, "Overall I feel happy and can leave happy. I always sort things before I leave. The senior carers are very good."
- Systems were in place to manage complaints which included the provider having a central overview. Complaints were responded to in a timely manner.

End of life care and support

- People were supported to have their needs and wishes respected when they were at the end of their life. No one was receiving end of life care during the inspection. One person had recently passed away. Their relative said, "Your staff were unfailing in their efforts to keep him safe and comfortable. My family were always made to feel very welcome when we visited and even [name] the dog, felt happy to look in."
- Care plans contained details of discussions about people's wishes for the end of their life. It was respected when they did not want to discuss this.

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. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider and management had systems in place for monitoring quality of the service. These covered a wide range of areas in the home including health and safety and quality.
- However, when risks or shortfalls had been identified they were not always resolved in a timely manner. Following the inspection, a member of the quality team informed us they had recognised an issue of no care plans for people with a specific health condition in November 2019. Care plans for this area had not been created at the time of the inspection.
- An external party had identified ways to mitigate risk to people in the event of a fire in March 2017. Some of the actions to mitigate risks remained outstanding at the time of the inspection. During and following the inspection, the provider told us about actions put in place to rectify these concerns. This included a visit from the local fire service which who found reasonable improvements had been made.
- The medicine audits had failed to identify some of the concerns relating to medicine management we found during our inspection or complete others in a timely way. Following the inspection, the provider updated us with improvements they had already made in relation to medicine management.
- Shortfalls found at the inspection meant staff and the management had not always been following the provider's policies. For example, in relation to care plans, medicine management and fire.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were clear about their roles and responsibilities. They confirmed they had regular supervisions. These were opportunities to discuss what was going well, training needs and any performance issues. One member of staff said, "If we need support, we get support. We know we can go to any of the senior or management team. I feel at ease with them."

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

- The registered manager was driving an open, inclusive service which empowered and placed the person at the centre of their care. They were the driving force in creating a home which was part of the community.

- People and relatives were positive about the management. One relative said, "I was delighted dealing with [registered manager]. I viewed the home and she showed me round including which room mum would have. There were no smells and they gave me lunch, a smashing fish pie, as good as you would get anywhere."
- Staff were equally as positive about the management. One staff member said, "I like her [registered manager]. She is welcoming. She sees the potential in you. I feel appreciated. I have progressed in my role. She makes me feel amazing." and they supported them. Other staff told us, "[Registered manager] is lovely", "I like her [registered manager]. She is down to earth" and, "[Name] is a nice man."

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 management were clear about their roles and responsibilities in line with the duty of candour. They believed in being open and transparent with people when things went wrong. One relative said, "They always phone if she has had a fall, she gets [infections]. They let me know. They keep me informed."

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

- People and their relatives could attend regular meetings to contribute their ideas and raise any concerns. At the last meeting decisions were made about which animals were going to be part of the "Ark" being created. The pigs and goats were now living at the home.
- The provider had recognised the work the home had completed to build positive links with people, their relatives and staff. The home had won the provider's annual award which included, "Innovative ways to build strong relationships" in the title.
- Staff felt listened to and they could contribute to the running of the home. There were regular staff meetings where they could share ideas. For example, in a recent staff meeting staff shared issues of the laundry getting behind if they helped at lunches. Changes were made in response to this suggestion.

Continuous learning and improving care

- The provider promoted continuous improvement by valuing the staff who worked for them and the difference they made for people. Some staff had been awarded prestigious internal prizes for the work they had completed going above and beyond supporting people and their relatives.
- The management were always looking for ways to ensure the staff were keeping up to date with best practice. Recently, they had signed up to the Gold Standards Framework and some staff were about to begin the training. This is a set of standards set up to ensure best practice is being followed for end of life care.

Working in partnership with others

- People were supported by a provider and management who sourced experts to ensure best practice was being followed in the organisation. The provider had developed positive relationships with external parties for things such as fire safety and health and safety.
- The management of the home had created a culture of working with the local community and in partnership with others. Following the inspection, the provider told us about a feature which had been aired on the local radio about their 'Animal Ark'. It demonstrated mutually beneficial close links Buckland Court had with the local community.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider was not making sure people were having their medicines managed safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider systems had not always been followed or acted on in a timely manner to ensure people received safe and good care.