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?	Requires Improvement
Is the service well-led?	Good

Overall summary

This inspection took place on 5 May 2015 and was unannounced. The Orders of Saint John Care Trust site accommodates two homes which were both inspected during this inspection. Grevill House provides accommodation for 50 people who require nursing and personal care over two floors. Adjacent to Grevill House is the Ashley Intermediate Care Centre which offers intensive support and care for 15 people who require rehabilitation following a hospital stay, before they return home. Both services stand in well maintained gardens.

A registered manager was in place as required by their conditions of registration. 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 not available during our inspection, so we spoke with the head nurse and two of the provider's representatives. We spoke with the registered manager by telephone after the inspection.

Summary of findings

People were protected against abuse because staff knew how to report any concerns of abuse to the relevant safeguarding authorities. Risks for individual people had been assessed. Staff were given guidance on how to best support people when they were at risk of harm. Staff had been trained to support and protect the people they cared for. Policies to protect people were in place to give staff guidance. Staff managed people's medicines well. They were ordered, stored and administered effectively. People who stayed on the intermediate care unit were supported to become independent in managing their own medicines.

People told us they felt there were enough staff to meet their needs. Thorough recruitment checks and an induction programme were carried out with new staff before they provided care to people. Training plans and systems were in place to ensure people were cared for by staff who received regular training and support from their line manager. Staff told us they were supported.

People's individual needs were assessed, planned and reviewed. Care records gave staff guidance on how people should be supported and on how their risks should be managed. However, people's social and mental health needs and goals were not always recorded for those people who stayed on the intermediate care unit. People received additional care and treatment from other health care services when needed. Staff encouraged people to have a well-balanced and nutritional diet. A new chef was responding to people's views and feedback about the meals.

Group and individual activities were provided in Grevill House however, there were limited opportunities for social interactions in the intermediate care centre. People and their relatives spoke highly of the staff and the registered manager. Relatives told us that any day to day concerns, which they had raised, were always dealt with immediately. Complaints were managed effectively and actions were put in place to prevent the concern reoccurring.

Both services were well led. 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.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People and their relatives were positive about the care they received and felt safe. Staff understood their responsibilities in reporting any allegations or incidents of abuse. Any concerns of abuse were investigated and learnt from.

People were protected by safe and appropriate systems for handling and administering medicines. People in the intermediate care centre were supported to become independent in managing their own medicines.

Effective recruitment procedures were in place to ensure people were being supported by suitable numbers of staff.

Good

Is the service effective?
The service was effective.

People were supported to make decisions and choices and they were cared for in line with their care plans. People had access to appropriate health and social care professionals.

People's dietary needs and preferences were met.

Staff were supported and trained to ensure their skills and knowledge were current and met people's needs.

Good

Is the service caring?
The service was caring.

Staff were kind and compassionate to the people they cared for. Staff knew people well and treated them with dignity and respect.

Relatives made positive comments about the approach and attitude of the staff.

Good

Is the service responsive?
The service was not always responsive.

People's care needs were assessed, recorded and reviewed. Activities were provided around the home for people individually or in groups.

However people's social and cognitive needs were not always met and recorded on the intermediate care centre where short term care was provided.

Staff responded promptly to people's individual concerns. Relatives told us their concerns were listened to by staff and acted on.

Requires Improvement

Is the service well-led?
This service was well- led.

Good

Summary of findings

People and their relatives spoke positively about the management and staff team in the home. Staff were supported and encouraged to develop their care skill practices by the registered manager. Staff demonstrated good care practices and the core values of the organisation.

Quality assurance systems were in place to monitor the quality of care and safety of the home.

OSJCT Grevill House

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 inspection took place on 5 May 2105 and was unannounced. The inspection was led by an inspector and accompanied by a second inspector and an expert by experience. An expert by experience is a person who has personal experience of caring for older people.

This service was last inspected in September 2013 when it met all the legal requirements and regulations associated with the Health and Social Care Act 2008.

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 examined other information that we held about the provider and previous inspection reports.

We looked around both homes and talked with 15 people and seven relatives. The registered manager was not available on the day of our inspection therefore we spoke with two of the provider's representatives as well as 11 members of staff.

After our inspection we spoke with the registered manager who was responsible for both services as well as the Unit Leader for Ashley Intermediate Care Centre by telephone and asked them to clarify some information from our inspection. We also spoke to two therapists at the intermediate care centre who were managed and employed by the local authority and three health and social care professionals.

We looked at the care records of nine people and records which related to staff training and development. We reviewed the service's staffing including their recruitment procedures and the training and development of staff. We inspected the most recent records relating to the management of the home including accident and incident reports.

Good

Is the service safe?

Our findings

People told us they felt safe living in the home. One person said, "It is very safe and secure here." People were cared for by staff who understood their responsibility in protecting them from harm. Staff told us the actions they would take if they suspected a person was being harmed or abused. Staff were aware of where to report their concerns and how to find contact details of outside safeguarding agencies. A safeguarding policy was also available to give all staff clear guidance on how to report any allegations of abuse. The registered manager had notified the appropriate agencies when incidents of concerns had been raised and implemented actions to help reduce the risk of the incident occurring again.

People's personal risks had been identified and were managed well in the home. For example, people had moving and handling and fire risk assessments in place to ensure people were safe. People had been issued with the correct equipment such as hoists or pressure relief mattresses to help to reduce risk of injury. Staff understood people's risks and how they should be managed to reduce the risk of harm. For example, actions had been taken when people had been identified as losing weight. Records showed that advice from other health care professionals had been obtained when needed. Where possible, people had been involved in understanding and managing their own risks. These risks were regularly reviewed and any changes were reflected in people's care plans.

People and their relatives were mainly positive about the staffing levels in Grevill House. The staff rotas were planned in advanced and where there were shortfalls, arrangements were made to ensure the desired levels were met. Staff told us there were enough staff to meet people's needs. One staff member said, "The mornings are quite busy, but we generally have enough staff." Another staff member said, "The staffing isn't reduced when we have empty beds, which is good." We were told that the registered manager was supportive and always available to provide additional support with people when required. People who spent time in their bedrooms could alert staff with their call bells. One person said, "The buzzers here if I need it and the staff will come." Staffing levels in Ashley Intermediate Care Centre were maintained. Staff helped to cover unforeseen gaps in the staff rotas. The unit leader provided additional care support when needed.

Safe recruitment systems were in place to ensure that suitable staff were employed to support people. Employment and criminal checks had been carried out on all new staff. References had been sought from previous health care employers to ensure they were suitable to support people with complex needs. The backgrounds of volunteers had also been thoroughly checked before they worked in the home.

People's medicines in Grevill House were ordered and given to them in a timely and appropriate manner. Preferences for how people liked to take their medicines were recorded and adhered to. All medicines received in the home were checked, stored and accounted for. Medicines were stored in line with current guidance and those which were no longer required or used were recorded and stored in a designated locked cupboard and disposed of appropriately. Clear guidance and protocols were in place to guide staff in administering medicines which had been prescribed to be taken 'as required'. For example, medicines used for the relief of constipation. The use of over the counter medicines for minor ailments had been agreed with the person's GP. There was a clear audit trail of when people had taken or refused their medicines, including a record of when creams were applied. People's GPs reviewed their medicines every six months or earlier if required to ensure their medicines still met their medical needs.

Two people were receiving specific recommended treatment for their pressure ulcer care. Senior staff had been trained in carrying out the treatment and had cascaded this information to other staff. Senior staff had ensured that the people were fully informed of the suggested procedures and was delivered with a person centred and non-judgemental approach. The head nurse said, "This type of treatment was new for us so we needed to make sure we were all fully informed." There was continual communications with specialised external advisors for advice and support.

People who stayed in Ashley Intermediate Care Centre were encouraged and supported to become independent in managing their medicines. A pharmacist visited the centre regularly to monitor and support people with their medicines when they moved in and of the home.

Staff who were responsible for managing people's medicines had been trained. Their knowledge and skills were regularly checked by senior staff to ensure people

Good

Is the service safe?

were safe and had been given the correct medicines. The home's medicines policy gave staff guidance and reflected the management of medicines practices in the home. Staff had access to up to date information about people's medicines. Reflective practices and learning was carried out by staff if an error in managing people's medicines had been identified.

Good

Is the service effective?

Our findings

People were cared for by staff who had been supported and trained in their role. They were knowledgeable and had the skills to meet people's diverse needs. Staff were positive about the support and training they had received. We received comments such as, "I feel so well supported" and "We have done lots of training. It's really good here for that." Designated staff members for the two services were responsible for the monitoring of staff training. Records and systems showed that the majority of staff had completed a range of professional development courses and they had identified future training. People and relatives told us they felt staff were competent in their role. One relative said, "They know what they are doing. They must get training to be able to do this. They have really helped my husband."

New staff were given a period of time to shadow an experienced member of staff and get to know the people in the home. They attended an induction course which included subjects such as safeguarding people and first aid. Their skills and knowledge were assessed before they became part of the team. The provider's representative told us the new care certificate, which standardises the training of new care staff, was being implemented. Nurses were given the opportunity to attend training days to develop their professional knowledge. Five members of staff had been given additional training to become care leaders to provide extra support to the nurses. The care leaders had also been trained and given specialised roles such as monitoring and auditing infection control.

Staff had received regular formal support meetings with their line manager. Staff told us they received a lot of support from each other and their seniors. One staff member said, "We are a good team here. We can go to anyone for support or advice." Records showed that where poor conduct and behaviour of staff had been found, this had been addressed by the registered manager. Recommendations had been made and followed to improve the performance of the staff when required. Regular staff meetings were held so staff could share information and good practices. For example, the home held 'head of department' meetings where staff from each department of the home (for example head of housekeeping and head chef) shared key information and discussed the possible impact of this on residents and the running of the home.

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. The registered manager and senior staff understood their role and legal responsibilities in assessing people's mental capacity and supporting people in the least restrictive way. Families and significant people had been involved in making decisions for people who lacked mental capacity. Mental capacity assessments had been completed as required under the Mental Capacity Act 2005 (MCA). When people were assessed as not having the capacity to make a decision, a best interest decision was made involving people who knew the person well, including other relevant professionals. For example, records showed a best interest decision had been made for a person who required to be given their medicines covertly (hidden in food or drink). The MCA provides the legal framework to assess people's capacity to make decisions about specific areas of their care or treatment. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

The majority of staff had been trained in the understanding of the Mental Capacity Act 2005 or there was evidence that training had been planned. Staff understood the principles of allowing people to make their own decisions. This was embedded in their practice such as obtaining consent before they supported people with their personal care. However, some junior staff were not fully aware of the documentation in place to support people to make significant decisions. They were not always clear on how this applied to their practice, although senior staff were fully informed.

We found Grevill House to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The head nurse had a good understanding of the law relating to DoLS. Where it was felt that people were being deprived of their liberty, the registered manager had applied for legal authorisation to do this from the local authority. Staff used the least restrictive action possible in order to keep people safe.

Home cooked meals were prepared by a newly appointed chef and kitchen staff. The chef spoke with people during

Good

Is the service effective?

the lunchtime period and asked their views about the meals. A survey about the meals served was being developed to gather people's individual views. They had started to make changes to people's dining experience as a result of their feedback. For example, the meals were being reviewed and new pictorial menus were planned to be implemented.

People told us they enjoyed the meals and were encouraged to maintain a balanced diet. One person told us the food was 'delicious'. People could choose to eat in the dining room or in their own bedrooms. Staff knew people well and knew people's preferences and choices in their meals. Alternative meals were available if people did not like the food being offered. Staff supported and prompted people to eat their food in a respectful manner. People were not rushed to eat their meals. People who lived in Ashley Intermediate Care Centre were encouraged to make their own breakfast as part of their rehabilitation and preparation to move back to their own home.

The diets of new people were monitored. The chef completed a dietary advice sheet with them and staff monitored the food and fluid intake for a minimum of three days when people initially moved in. This procedure had been implemented as a result of an incident when a new person, who was at risk of dehydration, had become ill. Snacks such as fruit, crisps and drinks were readily available in the dining room and were offered on the tea trolley.

People were supported to maintain their health and well-being. Both services had good contacts with the local surgery and the GPs visited regularly to review the needs of people. People's care records showed that referrals to health care professionals such as speech and language therapists had been made. Recommendations were actioned and documented in people's care records. Additional staff were made available to accompany people to health care appointments if their relatives were not available.

Referrals to community services were made for people who stayed in Ashley Intermediate Care Centre if they required additional support when they returned home. Health care professionals spoke highly of the care and support people received. One health care professional said, "The staff are very good. They always contact us if they are not sure. I am very confident in their abilities."

Good

Is the service caring?

Our findings

We observed staff interaction with people throughout the day of our inspection in both services. We saw kind and caring interactions between staff and people. Staff approached people sensitively and explained to them how they were going to support them and what they wanted the person to do. For example, when helping to stand a person up, staff explained how they could help themselves. People were allocated a key worker. The key workers got to know people in more detail and built up relationships with their families.

People were supported by carers who were kind and passionate about supporting people to have a good quality of life. We received positive comments such as "I think they are all very kind" and "I appreciate their kindness and I am grateful that they are always polite." Relatives also praised the staff about their approach. One relative said, "They are so caring, we can't ask for more."

We saw many warm exchanges between people and staff. One person was leaving the home to go to another care home during our inspection. Staff gathered to say good bye to this person and to wish them well. There was genuine warmth and kindness between staff and this person.

People told us staff cared for them respectfully and politely. Staff addressed people by their first names in a friendly and respectful way. They knew people well and stopped and chatted with them and asked about their day. One person said "All the staff are very friendly and courteous to everyone." A senior member of staff told us they would act immediately if they heard staff talking disrespectfully to people. One staff member told us, "I just love caring for residents."

Staff were able to tell us about people they cared for and their preferences. For example, they were able to tell us if individual people liked company or if they liked their own space. One person frequently chose to sit outside and staff checked on this person to make sure they were safe. We also saw staff monitoring people for anything which may upset them or if they were at risk of falling. People looked confident and relaxed amongst the staff and were seen to be asking for their help.

People's dignity and privacy were respected. Staff talked to people discreetly if they were in a communal area. Staff knocked on people's bedroom doors before they entered and helped people with their personal care behind closed doors. People's care records stated their preferences and dislikes. For example, It had been recorded that one person had requested to be only cared for by female staff. This had been respected by the staff.

Staff were positive about the atmosphere in both Grevill House and Ashley Intermediate Care Centre. One staff member said "It's very family orientated here. We are a dedicated team, staff know people inside out!" Another staff member said "I'm proud to work here and able to do this job."

Requires Improvement

Is the service responsive?

Our findings

People who had moved into Ashley Intermediate Care Centre had been previously assessed by the 'single point clinical access team' to determine whether the home would meet their short term rehabilitation needs. A therapist from the multi-disciplinary team from the care centre then carried out an initial assessment. This was to identify people's goals and support needs such as gaining levels in independence with their personal hygiene or mobility. Whilst staff at Ashley Intermediate care Centre knew people well, care records did not always reflect people's backgrounds or social and emotional needs. They mainly focused on their physical re-enablement goals. There was little evidence of goal planning for those people who had short term memory problems and how this would impact on them when they returned home. However, staff were able to tell us how they had considered people's short term memory problems when planning for their return home such as clearly signed daily medicine containers.

The flow of recorded information about the progress of people was not clear due to the implementation of a new electronic care records system for the therapists. However, this had been addressed by the unit leader who had asked the therapist to write additional notes into people's paper care records. This allowed other staff to read how people were progressing with the therapists. Regular multi-disciplinary meetings and good communication between staff helped them to share information about people. Both care staff and therapist respected each other views of how people were progressing with their rehabilitation. The unit leader said, "We take each other's opinions into account. Our aim is to ensure the resident is safe when they go home."

Most people had been assessed by the registered manager or a nurse before they moved into Grevill House. Due to a recent pre admission concern, a new protocol had been put into place to ensure all people were now fully assessed by a nurse or unit leader before coming to the home, even if they had stayed at the home before.

People's care was planned around their individual needs. Their assessments and care plans gave staff guidance on how to care and support people. People's monitoring charts were clear and their care records gave staff direction on how to maintain their well-being. For example, people who were at risk of malnutrition were monitored and weighed weekly. This was documented and integrated into their care records. People's needs were regularly reviewed and their care records were updated. Each day, one person became 'resident of the day'. This included a detailed and comprehensive review of this person's care needs as well as other aspects of their experience living in the home. For example, an assessment of the cleanliness of their bedroom with the housekeepers and discussions about their meal preferences with the chef. People care records focused on their back ground and preferences. A document called 'All about me' gave staff an insight about people's past histories and backgrounds.

A team of activity coordinators and volunteers provided a range of activities with people across the week at Grevill House. The activities coordinator carried out group and individual activities with people. There were visits from the local schools and religious services were offered. There were photographs on the wall of some people attending a local football game and St George's day celebrations. We were told by staff that people who stayed in Ashley Intermediate Care Centre were offered opportunities to join in the activities at Grevill House. Otherwise the social interaction for some people who stayed at the centre was limited. We received several comments about this. One person said, "Besides my TV and my time with the therapist, I'm bored. Staff told us people had access to board games and jigsaws but there was no evidence of this during our inspection. This was raised with the unit leader who told us they would address this.

People told us their concerns were always listened to. One person said, "I've got no problems to discuss. If I did want to talk about anything, I'd go to the manager." People's day to day concerns and issues were addressed immediately. Relatives were able to express their views and told us they could always raise their concerns with any of the staff or the registered manager. The provider encouraged relatives to submit their views about the home online. 'Residents and relatives meetings' were held regularly to allow people the opportunity to express their views and experiences of living in the home.

Good

Is the service well-led?

Our findings

The culture of the organisation seemed fair and open. The majority of people and their relatives from both services complimented the home and stated that they are able to raise any concerns and were confident that they were acted on.

The provider's values of care were displayed in the foyer. These included that staff were required to be 'dedicated to caring'. This was demonstrated by staff as we saw many examples of staff being caring to people throughout our inspection. One staff member told us, "100% of the care comes from your heart. You can't be trained to do that."

The registered manager had been in post for several years and had a good understanding of the both services and importance of care which should be centred on individual people. We were told that the registered manager led by example. One staff member said, "He is really good. He has helped me become confident in my role." The registered manager was arranging additional mentoring for this member of staff to increase their knowledge in administering people's medicines. They said, "I am not confident at giving out people's medicines yet so I am going to work alongside another member of staff to help me." There was a strong sense of team work. Staff respected the management structure and understood the responsibilities of everyone's roles. Some staff had been trained and given additional responsibilities in the home. Staff communicated well and information was shared about people or aspects of the home informally or via meetings which were recorded.

People were reassured that the registered manager, the providers representative and staff team were committed to improving the quality of the service they provided. The registered manager monitored the quality of the service provided by carrying our regular checks. Regular maintenance and service checks were carried out on the building and the health and safety of the environment such as fire safety. Equipment used by people such as hoists and electric beds were regularly maintained and serviced. Representatives of the registered provider carried out regular and also random visits and checks to the home.

The registered manager and registered provider had recently responded to a complaint about the service in line with their complaints policy. A full internal investigation had been carried out and a response communicated to the complainant. Gaps in the assessment process during the pre-admission of people to Grevill House had been identified. Recommendations have subsequently been made and acted on.

Accident and incidents had been reported and recorded. The registered manager had reviewed these reports and had implemented changes where these were needed and shared any learning from these incidents with staff. One of the registered provider's quality assurance managers carried out a weekly audit of incidents such as falls and pressure ulcers as well as deaths in the home. This ensured that any required actions had been taken and relevant authorities had been notified.

A survey had been sent to health and social care professionals to gather their views of the quality of service provided by the home. All comments had been read and analysed by the registered manager and the required remedial actions had been taken.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.