The Orders Of St. John Care Trust

OSJCT The Elms

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?	Good

Summary of findings

Overall summary

The Elms provides nursing, residential and respite care for up to 45 people, some of whom were living with dementia. At the time of our inspection 44 people were living there. The home is purpose built over two floors.

At the last inspection on 17 and 18 February 2015 the service was rated Good. At this inspection we found the service remained Good.

There was one breach of legal requirements at the last inspection in February 2015. Following this inspection the provider sent us an action plan detailing how they would address the shortfall that had been identified. At our comprehensive inspection on 14 and15 June 2017 the provider had followed their action plan with regard to safeguarding people at risk of abuse.

People were protected against the risks of potential abuse. People told us they felt safe in the home and staff knew about safeguarding people and reported any concerns. There were sufficient staff and recent additional permanent staff had ensured staffing levels had improved. Recruitment was thorough and remained ongoing to help ensure less agency staff were used. We found peoples medicines were managed safely and reviewed. Individual risks for people were minimised and risk assessments of the environment were completed to help ensure people lived in a safe home.

People were able to make their own choices and decisions about their care. They 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. People's needs were met by staff who had access to the training they needed and had regular updates to their training. Staff were supported in their role and had regular individual meetings where they could discuss improvements to the service and their progress with senior staff. People had a choice of meals and their nutritional needs were met. People told us they liked the meals provided.

People had positive interactions with staff who respected their privacy and dignity. We observed staff were kind and compassionate to people and encouraged them to be independent. People's wishes for the end of their life were recorded and reviewed with them.

People received personalised care responsive to their needs. People were assessed before they moved into the home and their care plans identified the care and support they needed which was regularly reviewed. People were supported by health and social care professionals who visited when required. There was a programme of activities provided every day by three part time activity organisers. There was a clear complaints procedure and people could use the suggestion box in the home.

The registered provider had quality assurance procedures to check the service was safe and people were supported to lead the life they wanted without restrictions. People and their supporters had opportunities

to comment on the service and they were listened to. Staff felt well supported by the registered manager and were able to comment to help improve the service.

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 was safe.

People were protected from abuse. Staff were trained to recognise abuse and knew how to raise concerns.

There were sufficient staff to meet people's needs and additional staff had been recently recruited.

People's medicines were given and managed safely and kept under review to ensure people were receiving appropriate medicines.

People were protected by thorough recruitment practices.

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 remains Good.

Is the service well-led?

Good

The service remains Good.

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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 14 and 15 June 2017 and was unannounced.

One inspector and an expert by experience carried out the inspection. We spoke with the registered manager, the head nurse, a chef, the head housekeeper, two activity organisers, ten people using the service, six family/friends, four nurses and four care staff members. In addition we reviewed records for four people using the service and examined records related to staff training and the management of the service. We also spoke with two visiting healthcare professionals

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 information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law. We also contacted the local authority commissioners of the service and health and social care professionals.

Good

Is the service safe?

Our findings

At our comprehensive inspection on 17 and 18 February 2015 the registered person had not ensured people were safeguarded against the risk of abuse because reasonable steps were not taken to identify the possibility of abuse and prevent it before it occurred. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. They gave us an action plan that outlined the action they would take.

At our comprehensive inspection on 14 and 15 June 2017, improvements had been made. People were protected against the risks of potential abuse. People told us they felt safe in the home. All staff had completed safeguarding training annually and they had a good understanding about the different types of abuse including how to respond to them. They also knew how to report other staff if they suspected abuse. One relative told us "I do feel [name] is safe", "It's having someone around for them if they need it."

There was enough staff to keep people safe however people's needs had changed and the provider had identified this and was taking action. In the interim it was covered by staff working additional hours and sometimes agency staff. One staff member told us the staffing level of "eight staff was ok", this number referred to eight care staff each morning which did not include the two nurses. One staff member told us they helped assess the dependency of people to inform the staffing levels tool used. They said the registered manager was approachable and always tried to ensure there were sufficient staff.

The registered manager told us they were recruiting staff but had found it difficult lately. However interviews were taking place and new staff would be starting soon. Agency staff were used to some extent to fill gaps in the rota and staff did additional hours. We followed this up with the registered manager after the inspection, four new staff had started, and they were processing another three new staff to start soon. The registered manager told us they had been able to increase the number of permanent staff on each shift and there were plans to increase the activity coordinators hours each week. The registered manager had kept a bar chart record of the number of call bells answered in more than five minutes and this had reduced since March 2017.

People were protected as a thorough recruitment process was completed. All checks had been completed to include references and Disclosure Barring Service (DBS) checks prior to employment. A DBS check confirmed the applicants had no criminal record and were not barred from working with vulnerable people.

Accidents and incidents were recorded and reported to CQC when required. The registered manager looked at all accident records. Reflective meetings to consider what had happened were held with staff to help ensure accidents and incidents were not repeated. A monthly audit of all accidents highlighted when a person had several accidents and further necessary preventative measure might be required.

There were safe systems in place for the management of medicines. Staff completed competency training to administer medicines. The medicine administration records (MAR's) that we looked at were completed correctly. Medicine audits had been completed every four months and highlighted any necessary

improvements.

Where people were at risk these were recorded in their care plan and actions were recorded to minimise the risk. Examples of risk assessments we looked at included falls prevention, moving and handling people safely and action in the event of a fire. One person at risk of falling from their bed had a low bed and special mat beside the bed to prevent injury. Each person had an emergency evacuation plan. Risk assessments of the environment were completed and all aspects were covered to help ensure people lived in safe home.

Infection control procedures were followed. The home was clean and there were cleaning schedules for all areas. We spoke with the head housekeeper who told us they monitored the home cleanliness and the checklists completed by the housekeeping staff. We saw staff using protective aprons and gloves.

Good

Is the service effective?

Our findings

People had a choice of meals and their dietary needs were met. People told us they liked the meals provided. Meal choices were explained verbally and there was a pictorial menu. We saw people were assisted with their meals in a calm and unhurried manner. One person was offered alternatives when they did not eat their lunch and an omelette was prepared for them. People who required additional nutrition had fortified food and drinks and snacks were available between meals. They were also weighed more often to monitor any weight loss. Various diets were provided and included soft or mashed food for people at risk of choking. We checked to see if one person had specific support from healthcare professionals to identify the type of meals they should have to prevent choking and they had recently assessed them. Nursing staff informed the chef when people's dietary needs changed but there was no record of people living with dementia who may need support with choosing their meal. During the inspection the registered manager agreed to ensure the catering staff were informed which people may require additional support.

People's needs were met by staff who had access to the training they needed. Staff had regular updates to their training and a more clear system was emerging where the training coordinator knew which staff required training updates. Staff we spoke with were working towards qualifications appropriate to their role. Staff told us they had the training they needed to meet people's needs and had regular competency checks. One staff member said, "My training is up to date". Another care staff member told us "I really enjoyed my four day induction training and I have completed The Care Certificate." The care certificate is a set of national standards that health and social care workers adhere to in their daily working life. More than 60% of the care staff had a NVQ level two qualification or equivalent. Nurses had annual specialised training organised to meet the needs of their role for example, use of the defibrillator and taking blood samples. Staff were supported in their role and had regular individual meetings called 'Trust in Conversation' where they could discuss improvements to the service and their progress. One staff member told us they had requested an additional hoist and this had been provided.

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 Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS applications had been made for four people and we looked at an urgent application where a person wanted to leave the home and this was authorised. One staff member explained how they safeguarded the person when they went out for a walk with them and always kept in contact with the service by mobile phone in the event they needed assistance. People who lacked mental capacity to consent to their care and treatment had a mental capacity assessment and a 'best interest' record completed with help of the providers 'Admiral' nurse who specialised in supporting people living with dementia. The records we looked at were compete and people's families were involved where possible.

People's healthcare needs were monitored and any changes in their health or well-being prompted a referral to their GP or other healthcare professionals. There was a record of visits from healthcare professionals in peoples care plans. The two visiting healthcare professionals we spoke with confirmed the staff had responded quickly when people were referred to them. They told us the staff followed their

instructions and they had no concerns with people's care and support. Another healthcare professional told us about the staff and said, "Easy to get hold of when necessary, welcoming, professional, good record keeping from my perspective, always ready with information, send visit requests appropriately."

Good

Is the service caring?

Our findings

People had positive interactions with staff who respected their privacy and dignity. We observed staff were kind to people and encouraged them to be independent. One relative told us, where the person used a wheelchair, they could with staff support get up when they liked and return to their bed at any time they wanted to. The relative also told us the person had a choice of a shower or a bath and was always clean. One relative told us, "The carers encourage independence and always treat residents kindly and with respect." They added that sometimes people had to wait for assistance. Another relative told us, "On the whole they [people] are treated very well."

Staff supported people with kindness and compassion. People and relatives told us the staff were very good and caring. One relative told us, "The staff are very kind and gentle" and "dad loves the company." The person living in the home told us they had no concerns. They had their own piece of garden in the courtyard and we observed the pleasure they had from watching their grandchildren do some planting. Another relative told us they were "really happy and the staff are always pleasant." One person told us "They [staff] look after me wonderfully well" and "I can go back to bed whenever I like." They also told us they had their own newspaper delivered and had no concerns about the service.

People were able to make their own choices and decisions about their care. Care plans we looked at indicated when people had difficulty communicating and there were actions for staff to follow to assist people. One staff member told us the information "All about Me" was useful when talking to people about their life and they always tried to have individual conversations with people.

We noticed two care staff got down to peoples level to communicate with them during lunchtime. One person told us, "They were in charge", they had a list of one medicine and knew when it was due so they could inform staff when they wanted pain relief. They had headphones to listen to their television and preferred to stay in their bedroom as they found it easier to communicate with staff and visitors.

One care plan we looked at described a person's spiritual needs to occasionally take Holy Communion and have a regular visit by a vicar. They had an advanced care plan detailing their wishes at the end of their life, which was reviewed with them. When people were looked after at the end of their life relatives had written praising the staff for the care given to their loved ones. One relative wrote "Thank you for the loving care and attention." Another had written, "They remained independent right to the end."

Information for people and their supporters was provided in the entrance to the home. One notice board had information about dementia care which included guidance from The National Institute for Health and Care Excellence (NICE) and which member of staff was the Dementia champion. There was also information about Advocacy services for people and their supporters to access.

Good

Is the service responsive?

Our findings

People received personalised care responsive to their needs. People were assessed before they moved into the home and their care plans identified the care and support they needed. The care plans were reviewed monthly and usually any changes were identified. One relative told us, "The home has been able to adapt to the increased needs [family member] has." There was personalised information for example, one care plan told staff to speak slowly to a person into their left ear to improve communication with them. Two people had increased dependency due to their moods and some behaviours and the GP had requested dementia assessments for them. One person's mental health was recorded on a special chart to alert staff to any triggers that might cause a change in mood. One person told us, "I went to the dentist yesterday but a carer came with me too" and "If they are helping me they always ask what I want them to do." Care plans were reviewed monthly with the person and any changes were noted in the handover between staff and in the conversation book used between them. This helped to ensure all staff were aware of any changes. People who required a change of position to prevent pressure ulcers had their position changed as the care plan indicated. Fluid charts were maintained for people at risk of dehydration. One relative said, "I think the staff are brilliant."

There was a programme of activities provided all week by three part time activity organisers. One relative told us, "The entertainment is good, there is variety with games, music, fitness and outings, but [member of family] needs to be able to walk more and he needs the chance to get out." Activities provided included flower arranging, hand massage, board games, films, quizzes and special occasions celebrated for example, beer tasting on Father's Day. Additional activity hours to cover the seven days adequately when the service was almost full may be required. There were clear records of the activities provided but no clear audit of where some people in their bedrooms may require additional engagement. One relative told us, "This is the first time we have sat outside in the garden this year. It would be nice to do it more often."

One social care professional who was currently visiting people there told us the people were receiving a good standard of care that met their needs and were involved in social activities they enjoyed and were happy living at the home.

There was an accessible complaints procedure and people could use the suggestion box in the home. There had been no formal complaints in the last 12 months. One relative told us, "We've not had to raise a concern but we would if we needed to. I'm sure the staff would listen and try to do something." The service had received many thank you letter displayed in the foyer.

Each person had a hospital transfer form completed to ensure in an emergency all the relevant information about them would be passed to the emergency services.

Good

Is the service well-led?

Our findings

There was a clear management structure. There was a registered manager. 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. There was a head nurse and heads of departments. The registered manager had notified CQC about events and we used the information to monitor the service and ensure they responded appropriately to keep people safe.

The registered manager valued staff feedback and acted on their suggestions. Staff felt well supported by the management team. One staff member told us they had been able to influence changes in the home when they requested a bathroom to be improved and it was replaced and updated. Another staff member told us that staff meetings allowed them to make suggestion for improvement and the registered manager usually followed requests through to ensure staff had what they needed.

One relative told us the registered manager's door was always open and they or the staff could talk to him at any time. Another relative told us, "We do see the manager from time to time but all the staff are quite approachable. We have seen [name of manager] work with a resident in his office if they have needed a bit of company. If we have a concern we are happy to go to any of the staff." One social care professional told us, "The manager appeared to have brought up the standard of the home and is good at communicating problems." When they visited they told us the staff were caring and attentive to people.

Quality assurance systems were in place and included regular audits for example medicines, accidents and care plans. Monthly operational reviews were completed where operation managers from the provider visited the home and looked at the quality of service provided. The annual Compliance Tool completed by the provider in May 2017 gave an overall 91.5 % compliance score and highlighted where improvements could be made. We noted the improvement to complete more 'Trust in Conversation' individual meeting with staff had begun

People, relatives and supporters were able to comment at meetings. One relative told us, "I've been to three or four residents meetings but I can't say I've seen any changes from them." Another relative told us, "A lot of the time its residents just asking for different sandwich fillings but we need to get down to things that matter." We looked at a Residents and Families meeting record where there were 12 residents and three family members. Activities were discussed and people were advised to let the registered manager know or activity staff if they wanted different activities introduced. The registered manager also told everyone they were welcome to come and talk to him anytime, as his door was always open or to ask a member of staff to ask him to visit them in their room. Comments from people during their six monthly reviews were recorded but the registered manager was unaware of any concerns raised and if they had been addressed. They agreed to look into how the review information could be collated to improve the service.

There had been five positive reviews posted on the generic Carehomes website which rated the service 4.6 out of 5. One person on respite care commented, "Very happy I have landed on my feet and not my head.

Very happy here." One relative commented, "All the staff were very kind and the manager appeared to be very 'hands on'. There was an excellent entertainment/activity programme."

The provider told us they were currently working with on a project to integrate people into the community. Two staff members were involved in the project. The project was called Time to Connect and trained staff to improve the lives of older people living in formal care settings by 'changing the working practices and 'mind-sets' of the organisations and staff providing care and support'