

The Orders Of St. John Care Trust

# OSJCT Chilterns End - Oxfordshire

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We carried out this inspection on 1 March 2016. The inspection was unannounced.

OSJCT Chilterns End is a care home providing personal care. The service supports older people with a variety of conditions which includes people living with dementia. On the day of our visit there were 39 people using the service.

There was a registered manager in post. 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.

People were positive about living at OSJCT Chilterns End and were complimentary about the caring nature of the staff. People and relatives told us the registered manager was approachable and they felt confident to raise concerns with her.

There was a cheerful and relaxed atmosphere in the home. People were engaged in activities both in groups and individually. The activity coordinator was passionate about her role and took time to find out what people had enjoyed doing in the past.

Staff felt supported in their role and had the opportunity to complete national vocational qualifications. Staff were not always knowledgeable about how to support people living with dementia. This had been identified and the registered manager had arranged additional training.

The registered manager and staff understood their responsibilities in relation to The Mental Capacity Act (2005) and supported people in line with the principles of the Act.

People were not always receiving food and drink to meet their needs. Recommendations from health professionals were not always being followed and where people were at risk of weight loss their intake was not being monitored.

Care plans were detailed and identified how to manage risks associated with people's physical care needs. Risks associated with behaviours that may challenge people or others had not been assessed.

People knew how to raise complaints and were happy to do so. People's views about the service were sought and used to make improvements.

There were quality assurance processes in place that had identified some of the issues found during the inspection and the registered manager had an action plan in place to address them. Following the inspection the registered manager sent us an updated action plan detailing how all issues had been

addressed.

We found one breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the end of the full version of the 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?

**Requires Improvement** ●

The service was not always safe.

Risk assessments were not in place in relation to people who may experience behaviour that may cause a risk to themselves or others.

Staff understood their responsibilities to identify and report abuse.

There were sufficient staff to meet people's needs.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective

People did not always receive food and fluids to meet their needs.

Staff understood their responsibilities in relation to the Mental Capacity Act (2005)

Staff felt supported and had access to training and development opportunities.

### Is the service caring?

**Good** ●

The service was caring

Staff were kind and had a caring approach to people.

People were involved in their care and encouraged to maintain their independence.


People were treated with dignity and respect.

### Is the service responsive?

**Good** ●

The service was responsive

People had care plans that identified how their needs should be

<p>met.</p> <p>People had access to activities that interested them.</p> <p>People knew how to make a complaint and were confident to do so.</p>	
<p><b>Is the service well-led?</b></p> <p>The service was not always well-led</p> <p>Quality assurance systems were not always effective. Not all issues identified during our inspection had been identified by the providers quality assurance systems.</p> <p>The registered manager was approachable and supportive.</p> <p>There were opportunities for people, relatives and staff to give feedback about the service.</p>	<p><b>Requires Improvement</b> </p>

# OSJCT Chilterns End - Oxfordshire

## **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 was planned to check 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 1 March 2016 and was unannounced.'

The inspection was carried out by two inspectors.

Prior to the inspection we looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law.

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.

During our inspection we carried out a 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 also observed care practices throughout the day.

We spoke with four people who used the service and four visitors and relatives. We looked at six people's care records, five staff files and other records showing how the home was managed. We spoke with the registered manager, the operations manager, six members of the care team, the chef, and one visiting health care professional.

# Is the service safe?

## Our findings

At our last inspection on 8 December 2014 we found there were not always enough staff to meet people's needs. This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, this corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made.

Throughout our inspection people's needs were met in a timely manner. People told us staff were busy but that any requests for help were dealt with promptly. One person said, "They always answer the bell quickly". People had call bells to hand and where people were unable to use the call bell and remained in their rooms, regular checks were carried out.

The registered manager used a dependency assessment tool to ensure there were enough staff to meet people's assessed needs. We saw from the rotas that required staffing levels were met. Staff told us there were enough staff. One member of staff told us, "We use regular agency. Staffing is much, much better".

People told us they felt safe. Comments included: "I feel safe here"; "I'm definitely safe"; "Oh yes, I'm very safe" and "Yes, definitely safe. I can't complain about anything".

Staff had received safeguarding training. Staff understood their responsibilities to identify and report concerns relating to abuse. Staff told us they were confident that action would be taken by the registered manager. Most staff were aware of where to report concerns outside of the organisation which included to the local authority safeguarding team and CQC. Those staff who were not able to tell us where to report told us they would know where to find the contact details for external agencies.

The provider had a safeguarding policy and procedure and this was displayed in the home. The registered manager made appropriate referrals in relation to concerns of potential abuse. Records showed investigations had been completed and appropriate action taken to protect people.

People's care records contained risk assessments in relation to physical care needs and where risks were identified there were plans in place to manage the risks. For example, one person was assessed as at risk of developing pressure sores. The person's care plan identified the person required a specialist mattress and pressure relieving boots. We saw these were in place and the mattress was set at the correct pressure. However, where people experienced behaviour that may be challenging to them or others there were no risk assessments in place to identify the risk and how the person should be supported to manage the risk. However we saw that staff supported people when they became anxious and reduced the risk of behaviour that may cause a risk to people using the service or others.

Medicines were managed safely. Medicine administration records (MAR) identified people by name, date of birth and a photograph. MAR contained printed details of all prescribed medicines and where entries were handwritten these were signed by two members of staff as per the organisations medicines policy. MAR were completed accurately. Medicines were stored safely and regular checks of temperatures were recorded.

Where people were prescribed medicines that were 'as required' (PRN) there were protocols in place to ensure people received them appropriately.

Where people were reluctant to take medicines and were assessed as lacking capacity to understand the impact of not taking their medicines these were administered covertly. Covert administration of medicines is where medicines are given in a disguised form; for example in food or drink. MAR contained detail of how medicines should be administered. However there was not always a record of involvement from a pharmacist to ensure the medicine was being administered in a way that protected the effectiveness of the medicine. We spoke with the registered manager who immediately contacted the pharmacist to seek guidance about all medicines being administered covertly.

Records relating to the recruitment of new staff contained relevant checks that had been completed before staff worked unsupervised in the home; this was to ensure staff were of good character. These included employment references and disclosure and barring checks (DBS). DBS checks enable employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.



# Is the service effective?

## Our findings

People told us the food was not always of good quality. Comments included: "Food has gone down, not as good as it was"; "The food is not too good. I enjoy breakfast" and "I get a choice but it's not great". Relatives also told us they had concerns about the quality of the food.

Where people were at risk of weight loss this had been identified and was monitored. The chef told us they provided fortified milkshakes and puddings to people who were at risk of weight loss. However we found one person had lost weight and had an 'acute care plan' in place. The care plan stated the person should have their food and drink intake monitored. We could not find any food charts for the person. We spoke with one care worker who told us they thought the person's food intake was being recorded but were unable to find any food charts. We then spoke to a care leader who also thought the person's food intake was being monitored. The care leader advised they would start a food chart for the person. We could not be sure this person's nutritional needs were being met.

We could not be sure people were receiving enough fluids to meet their needs. For example, one person had an 'acute care plan' in relation to their fluid intake which stated they should receive 1500mls a day. The fluid input chart showed the person had 200mls at 9am. There was no further fluid intake recorded when we checked the record at 4.50pm.

People who were at risk of choking had been referred to the speech and language therapist (SALT). One person's SALT assessment recommended the person have their fluids thickened to a 'syrup consistency'; one scoop of thickener per 100ml of fluid. However we found the person was not always receiving their fluids in line with the SALT recommendations. We asked two staff about the consistency of the person's drinks. One staff member said, "I put one scoop and a tiny drop in a cup" and the other member of staff described the consistency required as "wall paper paste". This meant the person was not receiving fluids to meet their needs.

This is a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke to the registered manager about our concerns relating to people's nutritional and hydration needs who told us they would take action to address the concerns.

At lunchtime we saw that people were offered a choice of two meals. If people did not like the choices they could request an alternative. One person told us they often had a jacket potato if they didn't like the menu choice.

People who required support to eat and drink were supported by a member of the staff team who sat with the person. People were able to eat at their own pace and were not rushed.

Staff were aware of people's specific dietary requirements and where people required a specialised diet, this

was provided. For example, people who were assessed as needing a pureed diet.

People and their relatives told us staff knew people well. A visiting health care professional told us, "They seem to know their patients".

New staff completed an induction period which included completion of training and shadowing more experienced staff. This ensured staff had skills and knowledge to meet people's needs before working alone.

Staff told us they had completed training which included: safeguarding; moving and handling; dementia care; equality and diversity; food hygiene and Mental Capacity Act (2005). Staff had access to development opportunities and staff we spoke with had completed national qualifications in social and health care at level two and three. Staff were encouraged to identify any specific training they felt would help them with their role. For example, the activity coordinator had been enrolled for a level two qualification in activity provision following their request.

Staff felt well supported and told us they could go to the registered manager at any time for support. Staff received supervision (one to one meetings with their line manager) which enabled them to discuss any issues and their development needs.

One relative told us they felt staff lacked understanding in how to support people living with dementia and could sometimes be "almost brusque". We saw several interactions which showed a lack of understanding by staff of how to support people living with dementia. For example, staff talked over people and did not involve them in conversations. Staff shouted across the room to each other and to people. We spoke to the registered manager who had identified the need for further development in staff skills and knowledge relating to dementia care and action had been taken. Training was being arranged with the Admiral Nurse who supported the home. Admiral Nurses are specialist dementia nurses.

The registered manager had a clear understanding of their responsibilities in relation to the Mental Capacity Act 2005 (MCA). 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.

The registered manager understood their responsibilities in relation to the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be restricted of their liberty for their own safety. Applications for DoLS had been made to the supervisory body where people who were assessed as lacking capacity had restrictions in place.

Staff had received training in MCA and DoLS and understood the importance of making decisions in a person's best interest where they were assessed as lacking capacity to make a specific decision.

Care plans contained documentation in line with the principles of the MCA. Capacity assessments were completed in relation to specific decisions. Where people were assessed as lacking capacity a 'best interest summary' identified the support the person required. One person had been assessed as lacking capacity to understand the importance of taking their medicines. The records included a capacity assessment and details of the best interest meeting and outcome.

People had access to health services when required. Health professionals included: G.P's, speech and

language therapists (SALT), physiotherapists, district nurses, care home support service and diabetes specialist nurse.

# Is the service caring?

## Our findings

People were positive about the caring nature of the staff. Comments included: "Carers are wonderful. All good and friendly"; "The carers (staff) make the place"; "Staff are all very good and have a laugh and a chat" and "Staff are always helpful". Relatives were equally complimentary about the caring nature of staff. One relative said, "The atmosphere is always caring: people (staff) are kind".

Staff had a caring approach to their role. We saw many kind and compassionate interactions. For example, two people were having a difficult interaction. A care worker immediately intervened and spoke in a caring manner to both people. The care worker calmed the situation down by explaining what needed to happen and making sure the two people involved were content with the outcome. The care worker showed great patience and understanding when dealing with the situation.

There was a cheerful, relaxed atmosphere. Staff and people laughed and joked together. Staff took time to talk with people and clearly knew them well. One member of staff told us they worked on the same unit of the home so they could build relationships with people and to ensure people had consistency of care. The member of staff understood the importance of building relationships, particularly for people living with dementia.

We saw staff using gentle touch to reassure and communicate with people. This resulted in many positive interactions for people who had difficulty communicating verbally.

Staff treated people with dignity and respect and their human rights were upheld. People were addressed by their preferred name. Staff were discreet when offering people support with personal care and supported people to understand the need to use the toilet facilities.

Staff understood the importance of respecting people's dignity and gave examples of how they would achieve this. For example, keeping people covered as much as possible when providing support with personal care.

Staff were clear they would promote people to remain as independent as possible. One member of staff said "It's not just about us doing things for them". One person told us, "I am very involved in my care and like to do as much as possible for myself".

People were involved in developing their care plans. Care plans contained regular reviews which showed people were involved in decisions about their care. Where appropriate, relatives were included in reviews.

## Is the service responsive?

### Our findings

People were assessed before moving into the service. These assessments were used to develop care plans which detailed the support people required to meet their needs. Care plans included information relating to their life histories and past interests. For example, one person's care plan identified they enjoyed listening to music. We saw this person was sat listening to music and was clearly enjoying it.

People's care plans included information relating to their likes and dislikes. For example, one person's care plan stated '[person] likes to wear skirts. She likes to have her clothes colour coordinated and look very smart'. We saw this person had been supported to dress smartly with their hair styled and make up on.

Care plans detailed support needs relating to mobility, falls, communication, eating and drinking, emotional well-being and activity. Where an acute need was identified an 'acute care plan' was put in place. For example, one person had a diagnosis of a specific condition and the acute care plan detailed the support needed to help the person manage the condition.

People's care needs were regularly reviewed and where changes were identified steps were taken to ensure people's needs were met. One relative told us the needs of their relative (person living in the home) had increased. The person's care had been reviewed and the person had been moved to a different unit in the home where their needs could be met. The relative told us they were happy with the move and felt the person was getting "Better support".

People were positive about the activities available. One person told us, "I go out sometimes and I have been to the seaside". Another person told us how much they missed their pet and that the activity coordinator had arranged for a 'Pet as Therapy' (PAT) dog to visit. The person clearly enjoyed the visits. One relative described the activity coordinator as "Excellent".

Staff told us the activity coordinator worked hard to ensure people had access to activities. One member of staff said, "[Activity coordinator] does one to one and will bring activities to the different units if people don't want to move. [Activity coordinator] brings the homes rabbits to people and they really enjoy that".

During our inspection people were engaged in many activities. We saw some people making paper flowers for Mother's Day. People were engaged in the activity and were laughing and smiling. Where people were unable to physically engage in the activity, the activity coordinator ensured they felt included by showing them what other people were making and talking about memories of flowers and Mother's Day.

Where people did not chose to engage in group activities, staff supported them with one to one activities. For example, one member of staff was looking at a book with a person. The member of staff was pointing to pictures in the book, the person responded by pointing and smiling. Staff had given another person a box of wool. The person was engaged and contented touching the wool and moving it in and out of the box.

Some people preferred to remain in their room and were visited by the activity co-ordinator. One person

told us they were offered the opportunity to join in activities but preferred to stay in their room and watch television. The person said staff visited them often and they did not feel isolated.

People knew how to make a complaint and felt confident to do so. One person told us, "I would tell the head of care. They usually sort it out". Relatives told us they would be happy to raise any concerns with the registered manager. The complaints policy and procedure was displayed in the home. Complaints made had been recorded and responded to in line with the organisational policy and had been resolved. Where action was needed in response to complaints there were records showing actions had been taken.

## Is the service well-led?

### Our findings

People were complimentary about the registered manager. One person said, "[Registered manager] never passes me by, always says hello and stops to have a chat". People and relatives told us the registered manager was approachable and was regularly seen around the home.

A visiting health care professional told us, "[Registered manager] is very helpful; on the ball".

Staff felt supported by the registered manager and were positive about the changes the registered manager had implemented. One member of staff said, "The support I have had has been marvellous". Another member of staff told us there were still areas that needed improvement but that the registered manager listened to staff and found ways to improve. For example, staff meetings were not proving effective due to communication issues between different groups of staff. The registered manager had implemented 'focus group' meetings where representatives from each staff team attended. Staff who attended the focus group meetings were positive about them and felt that communication between staff had improved as a result. In addition records of the meetings showed that staff morale had improved.

Reflective meetings were held following incidents to enable staff to learn and improve practice for the future. For example, reflective meetings were held in relation to medicine management and pressure area care.

There were regular meetings for people and relatives. One person told us they had attended the meetings which gave them the opportunity to "put forward ideas". Records showed that meetings were held to keep people informed of the forthcoming move to a new home. People we spoke with were aware of the move and were positive about the future.

Opportunities were available to enable people to give feedback about the service and suggest ways to improve. For example, a questionnaire had been given to people in relation to activities. The questionnaire asked people what they had enjoyed doing in the past and what other activities they would be interested in doing. The activity co-ordinator was collating the information to inform the activity plan.

There were quality assurance processes in place which included audits of medicines, infection control and care plans. Where audits had identified issues these had been addressed. For example, an audit of medicines on 9 December 2015 had identified that medicine administration records (MAR) did not include people's allergies. We saw these were now included on people's MAR.

The registered manager carried out monthly audits. Following the audits an action plan was developed to address any issues found. We saw the action plan included some of the issues we found during our visit. However the audit had not identified all of the issues we found during our inspection. For example, the audit had not identified the lack of risk assessments for people who experience behaviour that may be challenging to themselves or others. Following the inspection the registered manager sent an action plan detailing the action taken immediately to address issues found during the inspection.

The registered manager was aware of the need to further develop staff skills and knowledge in relation to supporting people living with dementia. The registered manager spoke passionately about the need for care to be person-centred and had an action plan in place identifying areas for improvement to ensure people were at the centre of everything that happened in the home.

Accidents and incidents were recorded and any actions identified. There was a system in place to enable the provider to have an overview of all accidents and identify any trends. This included monitoring falls and identifying actions relating to individuals and across the service.



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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs</p> <p>The provider did not ensure service users needs were met. Service users do not always receive nutritious food and hydration which is adequate to sustain life and good health. Regulation 14 (1) (2) (4) (a).</p>