

The Orders Of St. John Care Trust

OSJCT Larkrise Care Centre

Inspection report

Prescott Close
Banbury
Oxfordshire
OX16 0RD

Tel: 01295257471
Website: www.osjct.co.uk

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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

About the service

Larkrise Care Centre is a care home providing personal and nursing care to 55 people aged 65 and over at the time of the inspection. The service can support up to 60 people.

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

People living at Larkrise told us they received safe care from skilled and knowledgeable staff. Staff knew how to identify and report any concerns. The provider had safe recruitment and selection processes in place.

Risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs. Staff recruitment was on-going and changes in the induction process had been made to improve staff retention. Medicines were managed safely, and people received their medicines as prescribed.

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 to maintain good health and to meet their nutritional needs.

People told us staff were caring. Staff consistency enabled people to receive good care from staff who knew them well. People had access to activities to prevent social isolation.

Larkrise was well-led by a registered manager who was focusing on improving people's care. The service had a clear management and staffing structure in place. Staff worked well as a team and complemented each other's skills. The provider had quality assurance systems in place to monitor the quality and safety of the service.

Rating at last inspection and update

The last rating for this service was requires improvement (published 11 September 2018) and there was one breach of our regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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.

Details are in our safe findings below.

Good ●

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 well-led.

Details are in our well-Led findings below.

Good ●

OSJCT Larkrise Care Centre

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

The inspection team consisted of two inspectors 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

Larkrise Care Centre 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 home is purpose built accommodating up to 60 people.

The service had a manager registered with the Care Quality Commission. This means that the registered manager and provider is 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 reviewed the information we held about the service and the service provider. 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. This ensured we were addressing any areas of concern. We reviewed the action plan which the provider had submitted following the last inspection. We received feedback from one social and health care professional who regularly visited people who received care from the service. We also

reviewed the provider's previous inspection reports. We used all of this information to plan our inspection.

During the inspection

We spoke with 14 people and five relatives. We looked at five people's care records and three medicine administration records (MAR). During the inspection we spent time with people. We looked around the home and observed the way staff interacted with people. We spoke with the area manager, the head of care and 11 staff which included, nurses, carer staff, kitchen staff, domestic staff and an activities coordinator. We reviewed a range of records relating to the management of the home. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to ensure there was enough staff to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There were enough staff to meet people's needs. We saw people were attended to in a timely manner and staff were not rushed. People got support when they needed it.
- Records showed planned staffing levels were maintained. It was clear a lot of work had gone into ensuring enough staffing levels. New staff had been recruited and the home hardly used any agency staff. The area manager told us, "The induction process has been changed to improve staff retention".
- People and their relatives acknowledged staffing levels had improved. They said, "I think there appear to be sufficient staff on duty, even if I am not here all the time" and "There are more staff now than before".
- Staff commented on staffing levels. One member of staff told us, "I think we have enough, so long as no one goes sick".
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Larkrise. One person told us, "Absolutely; I am safe in every way and I am pleased, this is my home now, after all".
- People were supported by staff that knew how to raise safeguarding concerns. One member of staff explained, "I would go to my manager or the local authority to report any concerns".
- The provider had safeguarding policies in place and the team reported concerns accordingly.

Assessing risk, safety monitoring and management

- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure they were safe.
- People's risk assessments included areas such as their mobility, nutrition or medicine management. Staff were familiar with and followed people's risk management plans.
- The provider had a system to record accidents and incidents. We viewed the accidents log and saw appropriate action had been taken where necessary.
- People's safety was maintained through the maintenance and monitoring of systems and equipment. We

established that equipment checks, water testing and fire equipment testing was monitored by the maintenance staff and carried out by certified external contractors.

Using medicines safely

- People received their medicines as prescribed and the service had safe medicine storage systems in place.
- We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines.
- Staff had been trained in administering medicines and their competency checked.
- The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely.

Preventing and controlling infection

- The provider had an infection control policy in place. Staff were aware of the provider's infection control policy and adhered to it.
- The provider ensured staff were trained in infection control. We saw staff washed their hands and used disposable gloves and aprons where required.
- People's bedrooms and communal areas were clean.

Learning lessons when things go wrong

- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff. Learning was shared across the organisation.
- Discussions with staff showed there had been learning following accidents and incidents some of which resulted in change in staff deployment during shift handovers.

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 requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had failed to ensure staff were effectively deployed to meet people's nutritional needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There were enough staff to support and meet people's nutritional needs. We saw people were supported with meals in a dignified way.
- People were involved in decisions about their nutrition. Records showed menus were discussed in resident's and relatives' meetings so as to improve people's experience. This included special diets, individual choices and preferences.
- People told us they enjoyed the food and said, "The food is nice, you usually get what you want" and "The food is generally good or okay, that is important to me and if you do tell them there is something you don't like, they would give me something else if I asked".
- We saw people had an enjoyable dining experience. Some people chose to have meals in their rooms and staff respected that. People had the same pleasant dining experience and support where ever they chose to have their meal.
- Kitchen staff were aware of people's dietary preferences and ensured special diets were catered for. Alternative menus were available if and when people changed their minds.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they came to live at Larkrise to ensure those needs could be met and individual care plans put in place.
- People's expected outcomes were identified and care and support regularly reviewed and updated. Appropriate referrals to external services were made to make sure that people's needs were met.
- People and relatives told us they were involved in the assessment and care planning process.

Staff support: induction, training, skills and experience

- New staff went through an induction which prepared them for their roles. The induction was linked to the 'Care Certificate Standards'. The Care Certificate is a set of standards that social care workers are required to work to.
- Staff induction included the provider's mandatory training as well as shadowing an experienced member

of staff. One member of staff commented, "Induction was very informative, especially the shadowing".

- Staff told us they felt supported and had access to 'Trust in conversations'. These meetings provided an opportunity for staff to meet with their managers to agree objectives and discuss their performance. Staff working with other agencies to provide consistent, effective, timely care
- The home had clear systems and processes for referring people to external services, which were applied consistently, and had a clear strategy to maintain continuity of care and support. This allowed effective information sharing and continuity of care.
- People's care and support was planned and coordinated when people moved between different services. People had proactive care plans in place which enabled up-to date information sharing with other services.

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

- Larkrise was a purpose-built home with several themed interactive sitting places where people could spend their time. For example, a garden corner and bar/pub area with a slot game machine and beer pumps.
- The home signage was dementia friendly and assisted people to orientate themselves around the home and maintain independence. There was also a big board on a corridor wall with sliding numbers for people to interact with, displays of items of interest such as plates, pictures, locks and keys. We saw people interacting with these items.
- The home allowed free access to people who used equipment like wheelchairs. People could move around freely in the communal areas of the building and the beautiful gardens.
- People's rooms were personalised and decorated with personal effects, furnished and adapted to meet their individual needs and preferences.
- People had access to the large garden which they had decorated. There were a lot of sitting areas including a bus stop which people often used. The garden also had a lot of tactile and stimulating items such as windchimes and large games.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to stay healthy and their care records described the support they needed. Where referrals were needed, this was done in a timely manner.
- Healthcare professionals complimented staff and told us staff followed their advice and sought further guidance when needed. One healthcare professional told us, "The communication with staff is ok and I think they listen to advice. I have no concerns".

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.

- People's rights to make their own decisions were respected and people were in control of their support.

- Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member told us, "We have to assume capacity and give choices to residents". People were given choices as staff worked to the principles of the MCA.
- Care plans contained consent to use of photographs and to care documents signed by people or their legal representatives.

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 requires improvement. At this inspection this key question has now improved to good. 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 positive about the care they received and told us staff were caring. One person said, "They are all very nice and they all know our circumstances".
- We observed staff talking to people in a polite and respectful manner. We heard staff and people indulging in appropriate light-hearted banter which created a very pleasant atmosphere. People's body language demonstrated that they were very happy in the presence of staff and other residents.
- The service had an equality, diversity and human rights approach to supporting staff as well as people's privacy and dignity. People's culture and religion was acknowledged as an important aspect of their care and people were empowered to maintain and develop this.
- The provider recognised people's diversity and they had policies in place that highlighted the importance of treating everyone equally. Staff told us they treated people as individuals and respected their choices.

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

- People and their relatives were involved in the planning of ongoing care. Records showed staff discussed people's care on an on-going basis. One relative told us, "The staff are very good; they always update us and we feel that we always know what is going on".
- Staff understood when people needed help from their families and others important to them when making decisions about their care and support. This was done in a sensitive manner to each person's individual needs and they did all they could to encourage support and involvement. Staff encouraged use of independent mental capacity advocates (IMCAs) whenever necessary. An IMCA is an advocate who has been specially trained to support people who are not able to make certain decisions for themselves and do not have family or friends who are able to speak for them. IMCAs do not make decisions and they are independent of the people who do make the decisions.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them respectfully and maintained their privacy. One person said, "No, I wouldn't change anything about living here. I get on well with the staff, most of them are fair and know what they are doing, I get on with a few of them really well".
- People's care plans highlighted the importance of respecting privacy and dignity. Staff knew how to support people to be independent. One member of staff told us, "I get residents to do what they can. I show one lady the flannel and she understands, she washes her own face"
- People were supported to be as independent as possible. For example, people were given specially adapted plates and cutlery during meals to aid their independence.

- The provider ensured people's confidentiality was respected. Records containing people's personal information were kept in the main office which was locked and only accessible to authorised persons. Staff were aware of the laws regulating how companies protect information.

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 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

- People received care and support specific to their needs, preferences and routines. People's care plans reflected individual needs with clear guidance for staff to follow to ensure person centred care.
- Care plans included information about people's personal preferences and were focused on how staff should support individual people to meet their needs. For example, people's preferences about what time they preferred to get up or what food they liked to eat.
- The management team ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress.
- The home facilitated 'dementia cafes'. These were meetings with relatives which allowed information sharing and enhanced their knowledge around dementia. Relatives told us they found this informative. One relative said, "We were impressed when we were called to a dementia meeting here and they explained and told us what we might expect as the disease progressed".

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.

- People had communication needs assessments completed as part of the care planning process. For example, one person had impaired vision and was hard of hearing. The care plan guided staff to speak slowly to this person and always ensure the person wore their cleaned glasses. We saw staff followed this guidance.

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 had access to activities which included in-house, 1:1 and group activities. The service supported people to follow their interests. For example, one person loved cats. The home facilitated a cat adoption for this person. A room was set-up where the cat lived, and the person looked after it. The person was very pleased.
- People told us they enjoyed the activities but also wanted more trips out for shopping. Comments included, "I enjoy the swimming. The manager comes too" and "If only we could be taken out to do some shopping. There were already plans in place to increase more trips out."
- The provider had invested in an interactive projection table (Magic table) designed to stimulate physical

and mental activity in people with dementia. People told us they enjoyed it.

- The home linked people's hobbies to activities. For example, swimming, gardening, arts and crafts or cookery. People who liked swimming were regularly taken for swimming and they told us they loved it.
- Staff at Larkrise had developed links with the local community. For example, the secondary schools and colleges. The home supported students for work experience. We saw evidence the activities were getting better. For example, people attended Oscars night in the provider's other home. People clearly enjoyed the experience.
- The home had support from volunteers who helped with activities, gardening and looked after the home's rabbits.

Improving care quality in response to complaints or concerns

- The provider had effective systems to manage complaints and the records showed any concerns raised were recorded, fully investigated and responded to as per provider's policy. Since our last inspection, the provider had only received two complains. There were many compliments received regarding good care.
- The provider had a 'niggles sheet' which was used to capture concerns before the escalated into issues.
- People knew how to give feedback about their experiences of care and could do so in a range of accessible ways, including how to raise any concerns or issues.

End of life care and support

- There were no people receiving end of life support at the time of our inspection. The team occasionally supported people with end of life care and they would work closely with other professionals to ensure people had a dignified and pain free death.
- The service had explored people's preferences and choices in relation to end of life care. These were recorded and included spiritual needs, funeral arrangements and preferences relating to support.
- Staff had received training in end of life care and knew how to support people and families. Staff told us they now had time to support people during end of life care.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives told us the home was well led. People commented, "Yes, we think the manager here is good" and "We know manager quite well now".
- Staff were complimentary of the support they received from the registered manager and the head of care. Staff said, "Manager is nice, she listens and she is supportive" and "I find the manager very supportive and helpful".
- Relatives and staff told us the registered manager now had a visible daily presence on the floors and led very much by example. The registered manager facilitated daily floor walks and interacted with people positively.
- It was clear the staff morale had improved and this had a positive impact on the care people received.
- The provider successfully maintained an open and transparent culture which contributed to staff work satisfaction and in turn the staff delivering good care for people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a registered manager in post for three years. There was a clear management and staffing structure and staff were aware of their roles and responsibilities. The registered manager was supported by an area manager and a head of care. On the day of the inspection the registered manager was away, and the home was being led by the head of care. The service was being run effectively in their absence which showed good leadership.
- The registered manager had made positive changes to improve people's care and had solid plans to sustain the improvements. One member of staff told us, "Manager is now very approachable. She facilitates Friday coffee open door to staff and is more visible around the home".
- The registered manager had won the provider's leader of the year award. They were very pleased to have won this.
- The provider had effective quality assurance systems in place. These included, audits of care plans, dining experience, medicine records and health and safety records. These provided an overview to ensure improvements were made where necessary. For example, dining audits had been used to improve people's dining experience and involvement in choice of menus.
- The management team promoted continuous learning, they held reflective meetings with staff to discuss work practices, training, development needs and staff's well-being.

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 provider met their responsibilities in relation to duty of candour. Duty of candour requires that that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

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

- People and their relatives had opportunities to provide feedback through surveys. The information gathered was used to improve the service. For example, some comments related to food choices and how people chose their meals.
- People and relatives had opportunities to attend meetings and raise any comments via an open-door policy at any time.
- Staff told us they felt listened to, valued and able to contribute to the improvement of care. One member of staff said, "We have meetings every month and we discuss issues. I think we are more involved now. We talk and listen and views are exchanged".
- During the inspection we observed effective team working. Staff worked well together and respected each other's skills and abilities. The atmosphere was more pleasant.

Working in partnership with others

- The service worked in partnership with health and social care professionals to ensure people received support to meet their needs.
- Records showed the provider worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.
- The home was transparent, and this was evidenced through their effective communication and reflective practices which aimed at improving care outcomes for people.