The Orders Of St. John Care Trust

OSJCT Digby Court

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

Overall summary

This was an unannounced inspection carried out on 06 May 2015. OSJCT Digby Court provides accommodation for up to 36 people who require residential or nursing care and also supports people living with dementia. There were 32 people living in the service when we carried out our inspection.

At the time of our inspection the service had 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 and associated Regulations about how the service is run. A new manager had started at the service in March 2015. An application had been submitted to have their current registration with the commission updated and this location added.

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make

Summary of findings

decisions and where it is considered necessary to restrict their freedom in some way. This is usually to protect themselves. At the time of our inspection the registered provider had made referrals to the local authority, however, no one was currently subject to an active DoLS.

People generally received their care in a timely way, however, three people said that they had to wait on occasions for their care and that staff did not have time to talk. Due to externally funded beds, the service had become increasingly busy and this had impacted on the staffing levels. The registered provider had taken action to increase staffing levels to reflect the activity. Staff knew how to recognise and report any concerns in order to keep people safe from harm. People had been helped to stay safe by avoiding accidents. Background checks had been completed before new staff were employed. People's medicines were managed safely.

Staff had been supported to care for people in the right way and had received appropriate training. People were helped to eat a nutritious diet and drink enough to stay well. People could see, when required, health and social care professionals to make sure they received appropriate care and treatment.

People said that staff were caring, kind and compassionate and we saw good examples of this. However, on occasions we saw that staff were abrupt with people and were not kind and caring in their approach. People were not always addressed by their preferred name and were referred to as 'sweetheart and darling'. This did not promote people's dignity. There was a homely and welcoming atmosphere in the service and people could choose where they spent their time.

People's care records were person centred and reflected their needs. People had been supported to access service in the local community and were involved in social activities in the service. People and their relatives knew how to raise a concern or complaint if they needed to and the registered provider had arrangements in place to deal with them.

The service was run in an open and inclusive way that encouraged staff to speak out if they had any concerns. The manager and the registered provider assessed and monitored the quality of the service provided for people. The service had established links with local community groups which benefited people who lived in the service. People had been asked for their opinions of the service so that their views could be taken into account. Staff felt well supported by the manager.

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 consistently safe.

People received their care in a timely way.

Staff knew how to recognise and report any concerns in order to keep people safe from harm. People had been helped to stay safe by avoiding accidents.

People's medicines were managed safely.

Good

Is the service effective?
The service was effective.

Staff had been supported to care for people in the right way. People were supported to have enough to eat and drink and have a balanced diet.

People had access to health and social care professionals when required to make sure they received appropriate care and treatment.

People's rights were protected because the Mental Capacity Act 2005 Code of practice and the Deprivation of Liberty Safeguards were followed when decisions were made on their behalf.

Good

Is the service caring?
The service was caring.

Staff were kind and compassionate and treated people with dignity and respect. However, on occasion we saw that staff were abrupt with people and were not kind and caring and we heard people addressed as 'sweetheart and darling'. This was not their preferred name and did not promote their dignity.

People and their families were involved in their care and were asked about their preferences and choices.

There was a welcoming atmosphere in the service and people choose where they spent their time.

Good

Is the service responsive?
The service was responsive.

People received care and support which was planned around their needs.

People had been supported to access service in the local community and were involved in social activities in the service.

People and their relatives knew how to raise a concern or complaint if they needed to and the registered provider had arrangements in place to deal with them.

Good

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

There was a registered manager in post.

Good

Summary of findings

The provider had completed quality checks to help ensure that people reliably received appropriate and safe care.

People had been asked for their opinions of the service so that their views could be taken into account.

OSJCT Digby Court

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.

We visited the service on 06 May 2015 and the inspection was unannounced. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using services or caring for someone who requires this type of service.

Before the inspection the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with 13 people who lived in the service and three relatives who were visiting. We spoke with the manager and a senior manager who worked for the registered provider, three members of care staff and a chef.

We observed care and support in communal areas and looked at the care plans of four people and at a range of records related to the running of and the quality of the service. This included staff training information, staff duty rotas, meeting minutes and arrangements for managing complaints. We also looked at the quality assurance audits that the manager and the registered provider completed which monitored and assessed the quality of the service provided.

We reviewed other information that we held about the service such as notifications, which are events which happened in the service that the registered provider is required to tell us about, and information that had been sent to us by other agencies.

We asked the local authority, who commissioned services from the registered provider for information in order to get their view on the quality of care provided by the service. We also spoke with one health professional who was visiting on the day of our inspection. In addition, we contacted two health or social care professionals and asked them for their feedback on the care that people received at the service.

Good

Is the service safe?

Our findings

People said they felt safe living in the service. One person said, "Yes I am safe and well looked after here." Another person said, "Safe? Yes I can say I do feel safe." A relative said, "Yes. [My relative] is safe here and I am happy with the level of care they get."

Staff said that they had received training in how to maintain a person's safety. They were clear about whom they would report their concerns to and were confident that any allegations would be fully investigated by the manager and the registered provider. They told us that where required they would also escalate concerns to external bodies, such as the local authority safeguarding team, the police and the Care Quality Commission.

The records we hold about the service showed that the registered provider had told us about any safeguarding incidents and had taken appropriate action to make sure people who used the service were protected. When we found that incidents had occurred at the service we saw that the manager and the registered provider had taken the correct action and informed the local authority safeguarding team. They had undertaken investigations and had taken action to minimise re-occurrences.

We looked at four people's care plans and saw that possible risks to people's wellbeing had been identified. For example, the risk assessments described the help and support people needed if they had an increased risk of falls, were at risk of choking, had reduced mobility or were likely to develop a pressure ulcer. The risk assessments identified the action required to reduce these risks for people, for example, having a soft diet or a pressure relieving mattress in place.

Staff demonstrated that they were aware of the assessed risks and management plans within people's care records. For example, staff had ensured that some people who had reduced mobility had access to walking frames. In addition, we observed that staff accompanied people when they walked from room to room if they were assessed as needing support.

We received a mixed response from people and their relatives in response to staffing. Ten people who lived in the service and two relatives said that there were sufficient staff to meet their needs.

One person said, "I know they are busy but I really never have to wait when I ring my bell for help." However, three other people said that at times staff were rushed and they had to wait for care and staff did not have time to talk with them. One person said, "I think at times they are short of staff and I do have to wait. No one has time to talk." However, on the day of our inspection, we observed that people received the care they needed in a timely way.

The manager had established how many staff needed to be on duty by assessing each person's needs for assistance and reviewing this on a monthly basis. Following these reviews, an additional shift in the morning had been introduced. Staff said that staffing levels had improved in the service and that they were, "Getting back to where they had been." The number of staff on duty at the time of our inspection was in line with the current rota and there were other staff available who supported the service. These included housekeeping, catering, administration and maintenance staff.

The service currently supported six independent living team (ILT) beds which were externally funded by the National Health Service. These beds were used for people who no longer required hospital care, however, were not yet deemed well or safe enough to return to their own home. We received feedback from the manager and staff that that this had impacted on the service as whole. The service was much busier with daily visits from members of the multi-disciplinary team which included physiotherapists, occupational therapists and specialist nurses. We spoke with the manager and a senior manager who worked for the registered provider. They acknowledged that these beds were impacting on the service and that a review was planned. This review would consider the number of allocated beds and staff deployment in the service.

Five staff personnel files were checked to ensure that recruitment procedures were safe and appropriate checks had been completed. Written application forms, two written references and evidence of the person's identity were obtained. References were followed up to verify their authenticity. Disclosure and Barring Service (DBS) checks were carried out for all staff. These were police checks carried out to ensure that staff were not barred from working with vulnerable adults. These measures ensured that only suitable staff were employed by the service.

Good

Is the service safe?

Staff carried out medicines administration in line with good practice and national guidance. They also demonstrated how they ordered, recorded, stored and disposed of medicines in line with national guidance. This included medicines which required special control measures for storage and recording. Staff who administered medicines told us, and records confirmed that they received regular training about how to manage medicines safely.

We observed medicines being administered to people and noted that appropriate checks were carried out and the administration records were completed. We looked at five people's medicine records and found that they had been completed consistently. Medicines audits were carried out on a monthly basis during the registered provider's monitoring visits. Any actions identified from the audits had been noted and action taken to address them. All of these checks ensured that people were kept safe and protected by the safe administration of medicines and that we could be assured that people received their medicines as prescribed.

Good

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills required to meet their needs. Staff completed an induction training when they commenced employment. New employees were required to go through an induction which included training identified as necessary for the service and familiarisation with the registered provider's policies and procedures. There was also a period of working alongside more experienced staff until the worker felt confident to work alone. We saw that staff all held or were working towards a nationally recognised care qualification. The service had a training plan for the year.

Staff had lead roles for certain areas which included infection prevention and control, falls, dementia and management of pressure ulcers. Poster boards were displayed throughout the service which staff with lead roles kept up to date with relevant and current information. Staff also attended external training linked to their lead role and gave updates to other staff in the service. The manager had an overview of staff training and kept an overall record to show what training each staff member had completed and when refresher training was due. Staff told us they were supported to do their role and that they received regular support, supervision and appraisal sessions from the management team. This gave staff the opportunity to discuss working practices and identify any training or support needs.

The manager and the care staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and had received training in the MCA and Dols. They knew what steps needed to be followed to protect people's best interests. In addition, they knew how to ensure that any restrictions placed on a person's liberty were lawful. We saw that they were aware of the need to take appropriate advice if someone who lived in the service appeared to be subject to a level of supervision and control that may amount to deprivation of their liberty. At the time of our inspection there were no DoLS in place. There was information available for people and their families about the MCA and this was available in different formats, such as easy read leaflets.

We found that some people had chosen to make advanced decisions about the care they did not want to receive in a medical emergency or at the end of their life. Some people had a 'do not attempt cardio pulmonary resuscitation' (DNACPR) order stored at the front of their care file. A DNACPR is a decision made when it is not in a person's best interest to resuscitate them if their heart should stop beating suddenly. The DNACPR orders indicated that the decision had been discussed with the person.

People told us they enjoyed the food they were offered and that they received a healthy and nutritious diet. One person said, "I have been here around a week but what I have eaten has been very nice. Small portions as well which I asked for." Another person said, "On the whole the food is good."

People were supported to have enough to eat and drink and staff were aware of people's individual's likes and dislikes and they provided the level of support and monitoring required. People were given an explanation of the food available to them. We observed people having lunch in the dining room and noted that the meal time was relaxed and a social event in the day as people were encouraged to come to the dining room. However, people could dine in the privacy of their own bedroom if they wished to do so. People had ample portions of fresh, home cooked food, choices for each course and extra helpings when they asked for them and hot and cold drinks were available for people. Their individual needs were catered for, independence was encouraged and staff monitored and stepped in with support and encouragement when needed. We saw that when necessary people received individual assistance from staff to eat their meal in comfort and that their privacy and dignity was maintained. However, one person said that they would like a snack between their meals at times, but had not been able to access easily. We noted that there were signs up offering people snacks but that they were not readily available in communal areas.

We spoke with the chef who said how they worked to ensure that people received a full and varied diet. They knew which people required additional dietary support for needs such as swallowing problems, diabetes and weight loss and we saw how the lunch time meal was adapted to meet those needs. Although no-one in living in the service currently had specific cultural or religious dietary requirements, the chef was confident they could cater for those needs appropriately if required.

People received good healthcare support. Their health and care needs were monitored and supported through the involvement of a range of relevant professionals such as

Good

Is the service effective?

their local doctor, optician, district nurse and dieticians. People said that staff made sure they saw an appropriate healthcare professional whenever it was necessary. On the day of our inspection we noted visits from health care professionals which included physiotherapists, occupational therapists, district nurses and a specialist nurse. These staff visited people who were awaiting discharge back to their own homes and required input such as mobility frames, home visits and medication reviews.

Records of health professionals visits were kept in people's care files and showed what treatments and interventions a person had received. We observed staff discussing outcomes with the visiting health care professionals and documenting actions required so that information was communicated to all staff. We spoke with one healthcare professional during our inspection who said that there had been a period of instability in the service but that, "It's much better now that [the manager] is here. It's definitely getting better."

Good

Is the service caring?

Our findings

People were happy with the care provided in the service. One person said, "I have been here a week and I am going home tomorrow. It has been fine here. I've not slept well, but there is nothing like your own bed is there! The staff have all been kind and helpful and I am happy with the care I have had." Another person said, "I have been here forever. Everyone is great here." One relative said, "[My relative] is very happy here. It's nice and local and so family and friends can visit. I have no complaints."

We saw that staff mainly treated people with respect and in a kind and caring way and staff referred to people by their preferred names. However, we did hear several members of staff refer to people as 'sweetheart', 'darling' and 'love' when addressing them and not by their preferred name. Relationships between people and staff were mainly positive and caring. We saw staff supporting people when they were moving around the home. One person was assisted into the dining room by a member of staff who explained what they were doing. They assisted the person to sit down and allowed them to do it at their own pace and ensured the person was comfortable before leaving them. Another person was assisted from a chair to their wheelchair. The staff member's approach was gentle and caring. However, we observed an incident when a staff member was abrupt with a person. The person was being assisted to mobilise and the staff member hurried them along, pushing their frame for them and then sat them down without checking they were comfortable or speaking with them.

People spent time in the lounge area and we observed that several people had formed friendships. One group of people were chatting and reminiscing about their past experiences of having children. At lunch we saw how one group of people sat together and spent time talking about television programmes and planning what they would watch that evening. One staff member joined a person who had just returned from a visit to their own home and asked how it had gone. They spent time together laughing and joking and talked about their plans for the future.

Staff were knowledgeable about the care people required and the things that were important to them in their lives. They were able to describe how people liked to dress and what jewellery they liked to wear and we saw that people had their wishes respected. One staff member said, "I want to keep people as independent as possible. They are not here to work round us, it's their home and it should be an enjoyable time living here."

People had been supported to maintain their independence and make proactive decisions. For example, we saw that the service had ensured that people, where appropriate, had been supported to register for their postal vote in the upcoming general election. Information about the election was displayed in the main foyer and we noted that local electoral candidates had visited people in the run up to the election to discuss their manifestos.

People told us that staff respected their privacy and dignity. We saw that staff knocked on bedroom doors before entering and waited before they entered. They ensured doors were shut when they assisted people with personal care. Staff were able to describe the actions they took such as closing curtains and doors, checking on people's wishes and asking permission before providing care.

Relatives said that they were able to visit their relatives whenever they wanted. One relative said, "It's great having [my relative] here. We all live locally so we can pop in and visit. We always feel welcomed." Some people who could not easily express their wishes did not have family or friends to support them to make decisions about their care. The manager was aware that local advocacy services were available to support people if they required assistance. There was information displayed around the service for people and their relatives should they wish to access this. Advocates are people who are independent of the service and who support people to make and communicate their wishes. We saw from previous contacts with the service that advocates had been used in the past to support people to make decisions.

Good

Is the service responsive?

Our findings

People said that staff knew the support they needed and provided this for them. They told us that care staff responded to their individual needs for assistance. One person said, "They [staff] know what I like and how I like it." Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. This included the assessment of what level of support people required with their personal care, mobilising and eating and drinking .The manager told us how people and their families were encouraged to visit the service before they moved in. This would give them an idea of what it would be like to live in the service and see if their needs could be met. Families told us that staff had kept them informed about their relatives' care so they could be as involved as they wanted to be. One relative said, "They keep me up to date with what is going on."

Each person in the service had a care plan which had been reviewed regularly to ensure it continued to meet their needs. Where appropriate people and their relatives were involved in care plan reviews.

We looked at four people's care plans which demonstrated how individual needs such as mobility, communication, spiritual and social needs, continence and nutrition were met and were person centred. However, we found that the daily progress records which staff completed were task orientated. For example, staff wrote the same sentences each day about how the person had slept and the personal care they had received. We spoke with the manager at the inspection who said that action plans were in place to address this through staff development.

People said that they were provided with a choice of meals that reflected their preferences. We noted how people were offered a range of alternative foods if they did not want what they had chosen. We observed lunch and noted how people were offered the opportunity to clean their hands before lunch with a wet wipe. People were offered a choice of cold drinks and menus were displayed with pictures to enable people to make an informed choice. People could choose where they spent their time in the service. There were several communal areas and people also had their own bedrooms and they had been encouraged to bring in items to personalise them.

The service had been without an activities person and a new staff member had started two days prior to our inspection. We observed them during our inspection and noted that they had good interactions with people and spent time with each person in the lounge area, chatting about plans for activities and asking them what they liked to do. The service had a good network of volunteers. Activities were planned weekly and volunteers ran bingo sessions, carried out manicures and provided a trolley shop once a week. People continued to be assisted to access local community resources which included one person attending a day centre. On the day of our inspection there was external entertainment in the main lounge area which people said they enjoyed. Relatives had also been invited to attend and were sat with their loved one in the lounge area.

People we spoke said they would be confident speaking to the manager or a member of staff if they had any complaints or concerns about the care provided. The service had a complaints procedure which was available in the main reception. We looked at the last formal written complaint made to the service and found that this had been investigated and responded to in line with the registered provider's policy.

Good

Is the service well-led?

Our findings

The service had a registered manager in post. A new manager had been recruited to the service in March 2015. They were already registered with the commission as they had previously managed another service. They had submitted the relevant application which would update their details and ensure that this location was added.

There were clear management arrangements in the service so that staff knew who to escalate concerns to. The manager was available throughout the inspection and they had a good knowledge of people, their relatives and staff. We saw the manager talking with people and with staff. They knew about points of detail such as which members of staff were on duty on any particular day. This level of knowledge helped them to effectively manage the service and provide leadership for staff. A visiting healthcare professional commented that the manager was, "Very enthusiastic and has lots of ideas. Things are definitely improving here."

Staff told us that they felt supported by the manager and that they were provided with the leadership to develop good team working practices. One staff member said, "Since they started things have settled and got better. They have loads of ideas and are really enthusiastic. I feel supported and listened too. They give good direction and are getting some quick wins." We saw that information was available for staff about whistle-blowing if they had concerns about the care that people received. A member of staff said, "I have never had to raise anything, but I would have no hesitation in raising a concern if I thought something wasn't right." Staff were able to tell us which external bodies they would escalate their concerns to.

During the evenings, nights and weekends there was always a senior manager on call if staff needed advice. There were handover meetings at the beginning and end of each shift so that staff could talk about each person's care and any change which had occurred. In addition, there were regular staff meetings for all staff at which staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way.

People were given the opportunity to influence the service they received and residents' meetings were held by the manager to gather people's views and concerns. Resident meetings took place regularly and at the last meeting residents had discussed ideas for new activities and the appointment of the new activities person. Relatives meetings did not currently take place, however, the new manager planned to re-start these.

There were quality assurance systems in place that monitored care. We saw that audits and checks were in place which monitored safety and the quality of care people received. There were regular visits from a senior manager who reviewed the quality indicators and monitored how the service was performing. Where a short coming had been identified there were action plans in place to address this. For example, audits had picked up the impact that the ILT beds were having on the service. This had had resulted in an increase in staffing levels during the morning and a review of staff deployment within the service. Audits of call bell response times were undertaken on a regular basis and that action was taken to address any response time which exceeded the registered provider's target. In addition, a review of how people's medicines were currently handled and an overall review of the number of ILT beds currently supported was also planned.

The service had established links with the local community. One staff member was currently a member of a local community dementia group. Local school and college groups had also visited the service. Due to the ILT beds within the service, partnerships with local key organisations had also been established. These links ensured that the people who used the service received joined up care from health and social care professionals.