

The Orders Of St. John Care Trust

OSJCT Florence 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 ●

Summary of findings

Overall summary

About the service

OSJCT Florence Court is an extra care housing service, providing personal care to eight people at the time of the inspection. People lived in their own flats within the complex. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People told us they felt safe living at OSJCT Florence Court and supported by sufficient numbers of suitably trained staff. Staff understood how to support people from the risk of abuse. Risk assessments had been carried out to assess the risks to people's safety, and care plans informed staff how to keep people safe. People's medicines were managed safely. Processes were in place to prevent and control infection at the service.

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 living at OSJCT Florence Court had care plans which detailed their needs and preferences. Staff knew people's care needs well and how best to communicate with them. People were supported to engage in activities, although these had to some extent been impacted by the COVID-19 pandemic.

The key values and vision of the service were known by staff and on display in the home. Positive feedback was received about the management team and their supportive approach. The leadership of the service had worked hard to create a learning culture. Staff felt empowered to participate in their learning and suggest improvements. Checks to monitor the quality and safety of the service were completed. There was a transparent, open and honest culture between people, those important to them, staff and leaders. They all felt confident to raise concerns and complaints.

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

Rating at last inspection

The last rating for this service was good (published 22 April 2020).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the

service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for OSJCT Florence Court on our website at www.cqc.org.uk.

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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.
Details are in our safe findings below

Is the service effective?

Good ●

The service was effective.
Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.
Details are in our responsive findings below

Is the service well-led?

Good ●

The service was well-led.
Details are in our well-led findings below.

OSJCT Florence Court

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors, a member of the medicines team 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

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and six relatives about their experience of the care provided. We spoke with nine members of staff including registered manager, deputy manager and, care workers. We reviewed a range of records, including multiple care records and medication records. We looked at two 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff protected people from the risk of abuse and ill-treatment.
- People felt safe with the staff who supported them. One person told us, "they [staff] all know what they're doing, they have the right staff." A relative told us, "I do think [person] is safe with the care staff. I know them [staff] well and so does she." Another relative told us, "I do not worry about [person] here."
- Staff had completed training in safeguarding vulnerable adults. Staff said they would raise any concerns directly with the team leader or registered manager.

Assessing risk, safety monitoring and management

- People were protected from avoidable harm.
- Risk assessments were in place for people. These set out the risks people faced and included information about how to mitigate those risks. Assessments covered risks including medicines, moving and handling, nutrition and medical conditions.
- Staff knew people well and had a good understanding of people's needs. Staff were aware of risks to people and ensured people were safe.

Staffing and recruitment

- There were enough staff on duty to meet people's identified needs.
- Staff were safely recruited, with all pre-employment checks completed before a new member of staff started work.
- Staff and people told us they had enough staff to support people living at OSJCT Florence Court. One staff member said, "I have enough time to support, listen and talk to people." A person told us, "they [staff] always come on time."

Using medicines safely

- People's medicines were managed safely.
- Staff recorded medicines administration appropriately and the registered manager regularly checked people received their medicines as prescribed.
- Where people required medicines on an 'as and when required basis' protocols were in place to guide staff on how and when to administer them.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- There was a system to learn lessons following incidents.
- The registered manager was aware of how to manage accidents and incidents and told us these would always be investigated and analysed to learn from lessons to minimise the risk of re-occurrence.
- People and staff were involved in reflective discussions after an incident to learn from these and help improve the quality and safety of the service.

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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care and support needs were assessed before they came to live at OSJCT Florence Court, so the service could confirm they were able to meet individual needs safely and effectively.
- Staff respected people's right to make their own decisions and supported them in line with their needs and preferences.
- People's diverse needs were assessed and supported, such as religion, gender, culture and abilities. People were reassessed as their needs changed to ensure the care and treatment they received met their needs.

Staff support: induction, training, skills and experience

- People were supported by competent and trained staff. All new staff starting at the service received an induction to allow them to learn about their responsibilities.
- There was a system in place to monitor training to help ensure this was regularly refreshed and updated so staff were kept up to date with best practice.
- Regular supervisions and appraisal meetings were documented with clear actions to be achieved.

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

- Staff supported people with their meals and sat with them offering assistance when they needed it.
- The registered manager arranged during the pandemic for people to enjoy meals together in line with current guidelines. People were able to socialise which supported their wellbeing and reduced the risk of isolation.
- We observed people enjoying a meal which was sociable and supportive, with lovely interaction and friendly conversation between people and staff.
- People were provided with information and guidance to encourage a healthy diet.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported with all aspects of their health and wellbeing.
- The service worked closely with other health and social care services to ensure people received the right care at the right time, for example, district nurses, end of life care services, dieticians, and GPs.
- The registered manager created a small gym during the pandemic. People were able to use the space and maintain their fitness.
- The provider worked well with the management company for the building. Maintenance issues were

quickly resolved.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People were consulted and supported to make choices for themselves. Where people could not easily communicate verbally, staff understood individual ways to support them to make choices. Staff understood people's rights and they worked within the principles of the MCA to ensure these were upheld.
- Staff had received training on the Mental Capacity Act (MCA) and understood the principles of the MCA. Staff assessed people's capacity for making decisions in line with the MCA and in their best interests.

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

- The service had a lift to enable easy access to different floors.
- Throughout the service there were areas created to meet the needs of the people living there such as quiet areas.
- The service had a range of facilities for people to use including a hairdressing salon, library, activities room and garden space.
- We observed people freely accessing the communal areas of the service, using the gardens, and going to different floors to spend time with others.

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 good. At this inspection this key question has remained the same. 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 told us that staff were kind and caring. One person said, "they [staff] treat you like a person, not a client."
- Staff treated people with dignity and respect in line with the provider's core values. We observed good interactions between people and staff. People described the staff as "excellent" and "lovely."
- Professionals and relatives were positive about the caring attitude of the staff. A health professional said, "friendly bunch [staff], nothing is too much trouble from just a chat or doing something for them [people]." A relative told us, "The staff are marvellous with [person]. They've [staff] got so much patience."
- Staff were highly motivated to offer compassionate care and support. There was a strong, visible person-centred culture. One staff member said, "I like to always make each and every resident at least smile or laugh on visits."

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

- The service encouraged people to express their views and make decisions about the care and support they received.
- People and their relatives were involved in their care planning. One relative said, "Planning my relative's care was made very easy by the manager. I have regular chats with the manager and any changes that were needed were dealt with quickly."
- Care records showed the service learned about the person's needs and their history, background, career, preferences, likes, dislikes, interests, wishes, aspirations and key relationships in order to provide genuinely person-centred care. The service reviewed people's care at regular intervals and responded quickly when people's needs changed.
- During the inspection we observed staff speaking to people in a respectful manner.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff that promoted their independence and treated them with dignity.
- One person told us, "I do my own shopping and the staff help me cook. They [staff] also help me carry it." During the pandemic they've [staff] been wonderful."
- People's personal information was stored securely and held in line with the provider's policy.

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 outstanding. At this inspection this key question has now deteriorated to good. 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; 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

- Staff knew people's individual needs and preferences well as they worked closely with them, some for several years, and understood their care plans.
- People and relatives told us they were involved in the writing and updating of their care plans. One person told us, "I tell staff how to support me." A relative said, "as part of the induction the senior staff record the things they [person] like and don't like."
- The registered manager arranged during the COVID-19 pandemic for people in the service to create social 'bubbles' when government guidelines allowed. People's feedback to the provider was they felt their lives remained 'normal' through this time and were pleased they were not forced to remain alone in their flats.
- People were able to meet and maintain contact with family and friends either through face time, telephone calls or going outside to cafes or parks. The service also arranged outdoor activities and had planned to go to the seaside with residents.

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.

- The provider met the AIS and key information could be provided to people in alternative formats if necessary.
- People's communication needs were documented, and staff supported people to understand information in a variety of ways that met their individual needs. One person used words which had different meanings, these were recorded in the persons care plan. Staff knew this person well and how they communicated.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and people, staff and relatives knew how to complain. One relative told us, "The senior staff were always about and valued any input we could make to improve the service or improve the care of our loved one."
- People's feedback during this inspection indicated they were satisfied with the quality of care and support they received. One person told us, "I would speak to the manager if I had any concerns. I'm confident any problems would be resolved quickly."

End of life care and support

- At the time of our inspection no one was receiving end of life care. However, the registered manager told us they would work closely with the person, their relatives, the local hospice and others involved in their care if they needed to provide end of life care.
- Staff told us they received training on how to support people with end of life care and what they would do. One staff member said, "I would always go above and beyond when it comes to end of life care, respecting the residents wishes and family, make sure they [people] have the dignity and compassion they deserve."

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 good. At this inspection this key question has remained the same. 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 were complimentary about the management of the service. One person told us, "we've got a really good home here." Another person told us, "I'm very happy I decided to move here." A relative told us, "We are very happy with the care that my relative got. It was first rate." Another told us, "It is a well-managed organisation and we can't fault it."
- A health professional told us, "The manager is very knowledgeable about the resident's welfare and care needs including family dynamics."
- Staff spoke positively about the registered manager and the working culture at the service. One staff member said of the registered manager, "[registered manager] is always professional about any concerns we have and will address them and make sure all the resident's best interests are met." Another told us, "I find the manager extremely approachable and always willing to help in all aspects."
- People knew who the registered manager was and told us they were "approachable" and "very helpful." We observed people coming up to the registered manager for a chat. The registered manager knew what people were up to and how they wanted to be referred to.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team were clear about their individual roles and responsibilities. Staff said the registered and deputy manager were always available and were visible.
- The registered manager was well supported by a regional manager who visited regularly and monitored the quality of care.
- Staff were clear about their roles and were positive about the management of the service. One staff member told us, "If I ever had any issues, I know it would be addressed with the upmost professionalism and the residents best interest at heart."
- The provider had a system of audits to check people received a good standard of care and the service met regulations. These included checks of all care records, medicines, supervision and training.

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

- The provider made sure people's views and suggestions for improvements were used to make changes people wanted. They used surveys, meetings and reviews of care and support needs to obtain people's feedback.

- Staff's views about the service were sought through supervision and team meetings. Staff said the provider listened to their feedback about how the service could improve.
- People at the service created a resident's council which is supported by the registered manager. People use the resident's council to have their voices heard by the provider and management company for the building on issues important to them.

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; Continuous learning and improving care

- The provider and registered manager were aware that it was their legal responsibility to notify the Care Quality Commission of any allegations of abuse, serious injuries or any serious events that may stop the running of the service and be open and transparent to people should something go wrong.
- A service improvement plan was in place to ensure the service continually looked at how it could be improved and whom was accountable with clear timescales.

Working in partnership with others

- The service worked in partnership with professionals to ensure people were in good health and maintained their independence.
- One health professional told us, "the manager is very knowledgeable about the resident's welfare and care needs including family dynamics which is very important in my role." Another professional said, "They [service] are very good, we have good communication."