

# The Orders Of St. John Care Trust

## OSJCT Fives Court

### 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?

Good



### Overall summary

Fives Court is a purpose built single storey care home service, registered to provide personal care and accommodation for up to 31 older people. The service is part of The Orders of St John's Care Trust; a large provider of care services.

The inspection was unannounced and took place over on 20 and 21 October 2015.

The service had a registered manager who was responsible for the day to day running of the home. 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.

Effective arrangements for people who were able to give consent were not always in place.

The MCA sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected in relation to consent or

# Summary of findings

refusal of care or treatment. CQC is required by law to monitor the application of the MCA and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. DoLS require care home providers to submit applications to a 'Supervisory Body'; the appropriate local authority, for authority to do so.

We found that the service had not made some of necessary applications to the local authority for DoLS authorisations to protect people from being deprived of their liberty without lawful authority.

Refrigerated medicines were not stored safely at the time of the inspection; otherwise management of medicines was safe.

There was also a system for auditing incidents and accidents the purpose of which was to improve the quality and safety of the service. However, we found that the analysis of accident and incidents did not show a reasonable level of investigation and action.

Although risk assessments and management plans were in place they did not always contain up to date information or provide clear guidance to staff on the support people needed. This may have impacted on people's safety and well-being.

The service did not always have individualised protocols in place to guide staff on how to support people with specific health conditions such as diabetes.

Staff were aware of their safeguarding responsibilities and showed positive attitude to this, and also to whistleblowing.

The premises were safe, clean, homely and well maintained. There were sufficient numbers of staff to meet people's needs.

There were effective management systems in the home that provided staff with clear lines of responsibility and accountability. The service had systems in place to keep staff up to date with best practice and to drive improvement and promote safety.

We have made a recommendation about more specific auditing of compliance with the MCA and analysis of accident and incident reports which can be found in the full version of this report.

There was a complaints procedure in place; the service had received no complaints and many compliments this year which reflected people's very high level of satisfaction with the service.

Staff acted in a caring manner; we observed they treated people with warmth and humour; they spoke to people with respect, and asked before carrying out care. People who use the service were helped to make choices and decisions about how their care was provided.

Each person who uses the service had their own personalised care plan which promoted their individual choices and preferences. People were assisted to go out into the community to enjoy leisure time and also to attend health appointments.

# 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 not consistently safe.

Risk assessments did not always contain up to date information to provide clear guidance to staff on the support people needed.

Management of accident and incidents did not show a reasonable level of investigation and action.

Medicines were not always stored safely.

Staff were able to demonstrate good understanding and attitude towards the prevention of abuse.

The service maintained a clean, safe environment.

The service operated a safe system for recruitment and provided sufficient staff to meet people's needs.

**Requires improvement**



### Is the service effective?

The service was not effective in some areas.

Requirements of the MCA were not followed when people lacked the capacity to give consent to care and accommodation. Effective arrangements for people who were able to give consent were not always in place.

Not all necessary applications for authorisation to deprive people of their liberty had been made.

Staff received training, personal development meetings and supervision to support them to carry out their work effectively.

People had access to food and drink throughout the day and were provided with support to eat and drink where necessary.

The premises had been adapted to people's needs.

The service had effective systems in place for keeping up to date with best practice, and promoting improvement and development.

**Requires improvement**



### Is the service caring?

The service was caring.

Staff members had built caring relationships with people and knew people very well.

People's independence was promoted.

Care was provided in a respectful manner which protected people's dignity and observed confidentiality.

**Good**



# Summary of findings

## Is the service responsive?

The service was responsive.

The service routinely sought and acted on feedback and comments from people and those who were important to them.

Care and support were provided in a person centred manner which promoted choice and reflected people's individual preferences.

People and their families participated in decision making about the care provided.

The service acted on comments and had a complaints procedure in place.

People were supported to have activities and interests and access to the community.

The service had effective systems in place to share information with other services.

Good



## Is the service well-led?

The service was well-led.

There was an open and inclusive culture in the home: staff, people who use the service and those important to them expressed confidence to raise any concerns.

The service had effective quality assurance and information gathering systems in place so that learning and improvements could take place.

The service had made community links.

Staff members said they felt well-trained and valued and that the service was well-led.

Policies and procedures were in the process of being updated to reflect the new regulations that came into force in April this year.

Good



# OSJCT Fives 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.

One inspector and one expert by experience carried out this inspection which took place on 20 and 21 October 2015. An expert by experience is a person who has personal experience of either using, or caring for someone who uses this type care of service. Before the inspection we reviewed the information we held about the service and we also read the notifications sent to us by the provider. Notifications are information about specific important events that the service is legally required to send to us. We also read the 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.

Many people living in the home were able to tell us what they thought of the service. We observed the care provided to people who use the service to help us understand their experiences. We spoke with the registered manager and care staff. We also spoke with housekeeping and kitchen staff, and staff responsible for coordinating the activities offered in the home. We spoke with nine people who use the service and four relatives and also with a health professional who visited during the inspection.

We reviewed six care plans and their associated risk assessments and records. We analysed three staff recruitment files plus training, supervision and appraisal records. We checked documents including audits, menus. We also read the records made when one shift of staff 'handed over' to the following shift plus: cleaning schedules, surveys, policies and procedures, medication records, activities recording, and staff rotas.

We also reviewed the complaints and incident and accident records. In addition we reviewed the daily records made by staff, and also records such as minutes of staff and residents' meetings. We looked around the premises and observed care practices throughout the day.

# Is the service safe?

## Our findings

Staff who had completed medicines administration training were able to administer people's medicines. Systems were in place for auditing and controlling the stock of medicines. People were supported to take the medicines they had been prescribed. Medicines that were no longer required were disposed of safely. Safe practices for the storing of medicines were followed except those requiring refrigeration.

During the inspection the refrigerator used to store some medicines had been inadvertently turned off. Due to the setup of the medicines storage room, this was very likely to happen again. The process for checking the refrigerator temperature had not been followed for two days, therefore staff were unaware that the refrigerator temperature was too high. When we brought the issue to the registered manager's attention they said the matter would be resolved as soon as possible. Staff immediately sought advice from the GP and pharmacist in order to check the safety and usability of the medicine that had been affected. Following the inspection we received confirmation from the provider that action had been completed to ensure the safety of the medicines that required refrigeration.

The service had an accident and incident reporting system in place which was also audited. The purpose of the audit was to improve the quality and safety of the service. However we found that the analysis of accident and incidents contained repetitive statements which did not show a reasonable level of investigation and action. These statements required the falls care plan and risk assessment to be updated therefore we checked to see if this was happening.

We reviewed the records of two people who had experienced recent falls. One person had six falls during the period of 2-26 September 2015. We found that the update to the care plan simply meant that the fall was recorded. There was no record of how care practice might be changed in order to reduce the risk of falls until 27 September 2015, when it was recorded the person should be offered use of a wheelchair. It should be noted that this guidance was not immediately apparent to the reader as it lay within a large amount of recording and could easily have been missed. However, in contradiction to this guidance about the wheelchair, the care plan review record of 27 September 2015 said that no changes needed to be

made to the current care plan which stated the person used a walking aid. This meant that staff were provided with contradictory guidance which may have impacted on the person's safety and wellbeing.

Another person had a fall which resulted in a serious injury on 24 September 2015 requiring admission to hospital. Prior to this, the person had had two falls. The care plan documentation recorded each fall but again did not demonstrate consideration of how care practice might be changed in order to reduce the risk of falls other than for staff "to keep an eye" on the person. Care documentation recorded that the person "walks independently without aids" however the handover sheet at the time of the fall on 24 September 2014 stated this person needed constant supervision by one person when mobilising. Staff were present when the person fell, but there is no record that they were providing the required assistance.

Therefore, although risk assessments and management plans were in place they did not always contain up to date information which provided clear guidance to staff on the support people needed. Practice in the home did not demonstrate either that the root cause of incident or accidents was thoroughly investigated, or that appropriate action was taken to promote safety and prevent reoccurrences.

This was in breach of Regulation 12 (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

The service did not always have individualised protocols in place to guide staff on how to support people with specific health conditions such as diabetes.

There were enough qualified, skilled and experienced staff to meet people's needs. We were informed that staff rotas were calculated according to the level of dependency of people living in the home. Rotas were compiled by the management team to ensure staff with the correct skills and levels of authority were in place on each shift. People and staff members told us that there were sufficient numbers of staff on duty to provide the care that people needed. We observed that staff responded to people's needs in a timely and unrushed manner and had necessary equipment to provide care. People's comments were positive about the timeliness and quality of the care they received.

## Is the service safe?

Processes were in place to protect people from abuse and keep them free from harm. Staff were knowledgeable about recognising signs of potential abuse and said they felt confident to report any concerns. Any concerns about the safety or welfare of a person were reported to the registered manager who reported them to the local authority safeguarding team as required. People told us they felt safe at Fives Court.

People, their relatives and staff said they felt confident to report any concerns or risks and that these would be acted upon. The service had suitable contingency and fire plans in place. The registered manager said that that suitable alternative accommodation had been identified for situations in which this may be necessary.

Staff said that they had received training in infection control and records confirmed this. They said cleaning responsibilities were clearly set out in the cleaning schedules that were followed, and that the premises and

equipment were suitable and well maintained. Staff could explain the procedures they would follow to minimise the spread of infection and how they would handle soiled laundry. The service had adequate stocks of personal protective equipment such as gloves and aprons for staff to use to prevent the spread of infection. We observed that the home was clean in all areas and had a food hygiene rating at the highest level.

People were protected by a safe recruitment system which meant that the service had obtained information to make judgements about the character, qualifications, skills and experience of its staff. The recruitment processes provided proof of identity and qualifications. Disclosure and barring checks had taken place. The Disclosure and Barring Service helps employers make safer recruitment decisions by providing information about a person's criminal record and whether they were previously barred from working with adults.

# Is the service effective?

## Our findings

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The MCA sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. DoLS require providers to submit applications to a 'Supervisory Body', the appropriate local authority, for authority to do so.

We found that the service had made some of the necessary applications to the local authority for DoLS authorisations to protect people from being deprived of their liberty without lawful authority.

There was some understanding that DoLS authorisation should be sought when it appeared likely, in advance of a person's admission to Fives Court, that arrangements for their care and accommodation would amount to a deprivation of liberty. However, this understanding was not being put into practice.

There was some awareness among staff of the concept of capacity and some of the principles of the MCA. However, we found there was insufficient understanding of how to put the MCA into practice. We were informed that approximately 14 people lacked capacity to agree to their care plans, but none of these care plans was underpinned by the MCA best interest decision making process. We were informed that this process would be used only if a person was being resistive. However the rights afforded by the MCA apply whether a person resists or not.

For people who had capacity to decide on their care, the service had systems in place to obtain and record their consent. However these systems were not being used effectively. We were informed that one person had the capacity to agree to all their care plans, yet the consent forms were signed by a relative who did not have authority to do so.

There was a lack of understanding of restraint as defined by the MCA. We were informed that restraint was not used at Fives Court. However we found that appropriate restraint did take place, such as: door codes to stop people from

leaving the home unescorted and sensor mats to monitor people's movement. Because the service did not reliably recognise when restraint was happening, it was unable to follow the MCA to ensure and record that any restraint of a person who lacked mental capacity was done in their best interests; a lawful, least restrictive, proportionate response to prevent the person from coming to harm.

This was in breach of Regulation 11(1) (2) (3) of the Health and Social Care Act (2008) Regulations 2014.

The service had systems in place for keeping up with best practice through its own internal compliance audits which checked whether regulations were being met and set out action plans. The registered manager said a current action plan was to improve the quality of recording by making it more focussed on the emotional well-being of people. In addition the registered manager said the service promoted best practice by working with other agencies and gave the example of ongoing work with the local authority to improve recording of people's preferences. Training was an important part of maintaining best practice as was using guidance from the National Institute for Health and Care Excellence and The Alzheimer's Society.

People had access to food and drink throughout the day. Jugs of water and squash were placed around the home along with baskets of snacks to which people could help themselves throughout the day. Staff support and appropriate equipment were provided to help people eat and drink. Special dietary requirements and requests were met.

People were enabled to have a healthy diet of fresh food and to make their own food choices. We noted that at mealtimes were leisurely social occasions; on the days of the inspection the great majority of people sat at tables in the dining room to have a home cooked, lunch and evening meal together. The registered manager said that many people preferred to have breakfast in their own room.

Staff enabled people to make their food choices by explaining and showing them the various options. A picture menu board was also used. Tables were laid by people who use the service with table cloths, napkins and place mats. Some people chose to eat in their own room; we observed that these people were provided with their meals in a timely manner.



## Is the service effective?

All of the care plans provided information on people's communication needs and guided staff on how effective communication may be achieved. We observed staff speak to people with respect, warmth and good humour.

Each person had their own room that was personalised with their belongings. Toilet and bathroom facilities were shared. There was signage to help people find their way around the home. Bathrooms and toilets had been decorated with use of colour contrast to help people see and use the facilities more easily.

Chairs were grouped in the communal rooms so that people were enabled to socialise with each other. Satellite kitchens had been installed so that people could entertain their friends and family. The garden was secure and well-tended. The décor in communal areas, apart from in the toilet and bathrooms, was homely and comfortable. One person said that the shower room needed some grab rails and expressed disappointment that this request had not been implemented for several months. The registered manager spoke with the person during the inspection and put plans in place to get the equipment installed. We have made a recommendation about the current practice of storing a laundry trolley in the downstairs shower room as this may compromise infection control.

Staff members were aware of the need to help people have access to health services. People told us they were provided with necessary help to make appointments and we saw evidence of this in care records. We saw that advice of health professionals was sought and followed.

Fives Court provided suitable induction and on-going training to staff members. The registered manager used the probationary period in an appropriate manner. Mandatory training was comprehensive.

The registered manager said that staff training was understood and embedded in practice because the head of care carried out caring duties alongside the care staff and were therefore able to give feedback and informal supervision. Also, supervision and development meetings were used to embed learning, challenge practice and to identify any development and refresher training needs of staff. The staff said they had sufficient training and development in order to carry out their work safely and competently. They were happy with their current supervision and appraisal arrangements and said that they had very good day to day access to, and support from, members of their management team.

**We recommend the service seek advice on appropriate storage of laundry items.**

# Is the service caring?

## Our findings

The registered manager said that equality and diversity were promoted by asking people about how they wanted their care to be given and offering choices. Records showed this was done through care reviews, surveys and meetings.

All the people we spoke with were complimentary about the staff. One person said staff were “excellent” and another that they were “considerate”. One family member commented, “All staff are friendly, helpful, happy and make us feel very welcome whenever we visit.” We observed staff offered choices, and treated people with warm kindness.

People said that their privacy and dignity were promoted and that staff always knocked before entering their rooms and asked before they carried out care. We observed that staff member’s approach to people was respectful and that they asked people before they carried out care. Staff also spoke about people with discretion and in a respectful way. We observed that one person’s dignity was compromised on two occasions because it was not possible for them to close the door of one particular WC. The registered manager said that action would be taken to stop further reoccurrence, and informed us of the potential solutions that would be tried.

Staff were calm and reassuring in their approach to people; they patiently explained options, offered choices and met people’s preferences. We observed that interactions with staff often made people laugh and smile. People appeared comfortable and confident around the staff and did not hesitate to ask for help.

All the relatives and friends we spoke said they felt welcomed and had built up good relations with the staff. One relative said, “The standard of care and support from the team is excellent.” Other relatives also said they felt, included and informed; one said staff were, “natural and they chat and respect my [relative] who is happy.” Another relative said, “we love this home the staff are amazing.”

People were supported to maintain their independence for example: independent administration of medication, going out independently and helping with household tasks around the home such as setting tables. One family member said, “The good thing about this home is they encourage everyone to help as much as possible.”

We found that staff had built good relationships with people and that they knew them very well. One member of staff said it was important to, “Understand the world the way they see it.” We saw evidence that this empathic approach was put into practice when staff gave examples of how they could “read by expression” that somebody was feeling uncomfortable or in pain, and how they offered responsive support. When asked how trusting relationships were built with people who may lack communication skills one member of staff said, “You listen to them; you find pointers, watch and observe what they prefer.”

Staff and the management team were aware of the importance of protecting people’s confidentiality and said they did not talk about people outside of the service including social media. Staff signed a confidentiality agreement and records were locked away with only appropriate people having access.

# Is the service responsive?

## Our findings

Records showed that a collaborative assessment was undertaken for each person who came to live at Fives Court. In the records we saw information from the assessment was used in care plans and risk assessments.

Each person who uses the service had a person centred care plan based on meeting their individual needs and providing care in ways they preferred. Care staff had a good understanding of person centred care. One member of staff said it was, “all about the person themselves, about their preferences.” People we spoke with said they were able to exercise choice. In addition the care plans contained a document called ‘all about me’ which promoted equality and diversity by helping staff to understand the person’s history and to meet their cultural and spiritual needs. The care plans and risk assessments were reviewed at least monthly. This showed that the service sought to meet people’s changing needs and to promote their independence and choices.

Many of the people we spoke with said they did not know about their written care plans. However, they all said they were provided with choices and that carers always asked before carrying out care.

People were very complimentary about the activities in the home. One person said the activities were “brilliant” and several people comment that the activities ‘kept them going’. The service had an activities coordinator in place who worked 33 hours per week including some work at weekends. We were informed that two group activities were offered each week day. During the inspection we observed that the group activities were lively and well attended. We saw that auditable records were kept to show each person’s inclusion in activities to help ensure that everyone’s needs were met. This included people who

preferred to have one to one rather than group activities. Over the summer a mini bus was hired and used to take people on outings. The home had support from a group of volunteers called ‘Friends of Five’ who assisted on day trips, organised social events and carried out fundraising activities for the home such as an annual Autumn Fair. In addition to activities provided by staff, the service made regular use of external providers such as music therapy, entertainers and a volunteer.

We asked how the service listened to people and responded to their requests and were informed that well as residents’ meetings, the service conducted surveys and one to one informal chats in order to gain people’s feedback. Recent examples of how comments had been acted on included one person’s request to move rooms. We could see from recent meeting minutes that people were asked for their views on how the service had managed a recent weekend emergency shutdown in gas supply to the kitchen. People said the service had coped well, and we noted that the service received a letter of thanks from relatives for the way the situation had been handled. The minutes also showed how people were kept informed about developments and activities in the home. This showed the service included people in decision making and was responsive to their wishes and concerns.

There was a system in place to manage complaints and concerns. There had been no complaints since the last inspection in July 2013. The home had received numerous compliments which reflected the very high level of satisfaction expressed by people who use the service and those important to them.

There were effective arrangements in place for communication between services to ensure care planning and to promote the health, safety and welfare of the people who use the service.

# Is the service well-led?

## Our findings

There was an open transparent culture in the home; people were kept informed, included in decision making and felt confident to raise concerns or make comments. There was strong leadership with a registered manager in place. The staff team was supported by the resources of a large provider organisation. Staff knew their roles and responsibilities and to whom they should report. Accountability and openness were supported by a set of policies and procedures that were being updated to reflect the new regulations that came into force in April 2015.

Staff comments showed that they were well-motivated, and valued each other. Regular staff meetings were held to make sure staff were kept up to date and given the opportunity to raise any issues that may be of a concern to them. All staff spoken with provided positive feedback about the provider and the support they received. Comments included “I would always rate this home the carers are the best” and that the staff had, “good team work.” People who use the service also commented that the home was well-run and that they would recommend it to others.

The registered manager showed commitment to promoting person centred care and a culture of choice. They expressed the strong belief that people who live at Fives Court should first and foremost feel it was their home. They explained that staff were trained to understand “You are a visitor in a home”, and that this value encouraged staff members always to ask people before care was given, and to offer choices as much as possible.

We found all staff were keen to provide good care to people and that supervising staff took a proactive role in promoting good practice by giving on the spot feedback to staff. One senior and very experienced member of staff said that in order to embed good practice, “We don’t save it up for supervision; we give feedback on shift.”

The service had made community links with the local surgery and volunteers. Fives Court worked in partnership with families and key organisations such as the ‘My Home Life Project’ and the local authority. The ‘My Home Life Project’ is a country wide initiative to promote the quality of life and positive change for older people living in care homes. These avenues were used by the service to keep up with new developments and good practice.

There were effective processes to seek feedback on the service from all relevant persons. We found that information was evaluated and action was taken by the service. The service had an up to date system of audits in place which, except in the case of incidents and accidents which has been addressed in the ‘safe’ section of this report, were treated as important management tools and were used to promote safety and quality.

**We recommend, to build on its current auditing practice, the service seek guidance on the implementation of more specific auditing of its compliance with the MCA.**

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

All necessary assessments of capacity and best interest decisions were not in place when people were unable to consent to their care plans.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Risks were not always assessed effectively, and not all reasonably practicable measures were put in place to mitigate risks.