# The Orders Of St. John Care Trust

# OSJCT Lake House

## Inspection report

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## Ratings

| | |
|---|---|
| **Overall rating for this service** | **Good** |
| Is the service safe? | **Requires improvement** |
| Is the service effective? | **Good** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Good** |
| Is the service well-led? | **Good** |

## Overall summary

We inspected this service on 10 September 2015. This was an unannounced inspection. Lake House is registered to provide accommodation for up to 43 older people who require personal care. At the time of the inspection there were 37 people living at the service.

At a previous inspection of this service in April 2015 we found that appropriate arrangements were not always in place for managing medicines, there were not enough staff to meet people's needs staff were not always adequately supported to deliver care to service users safely and to a sufficient standard. The service did not have effective systems in place to; assess, monitor and improve the quality and safety of the service provided to people.

Following the inspection in April 2015, we asked the provider to write to us to say what they would do to make improvements. We also issued the provider and registered manager with a warning notice stating the service must take action by 30 July 2015 to ensure there were enough staff to meet people's needs in a timely way.

# Summary of findings

We undertook this inspection to check that the provider had followed their action plan and to confirm the service now met legal requirements. We found the provider had taken the actions and made the required improvements. However, we have asked the service to continue making improvements to the safe storage of medicines because thickening powder that was prescribed to be used as part of the treatment for people with swallowing problems was not stored in line with safe storage guidance.

The service had a new 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 2008 and associated Regulations about how the service is run.' People, their relatives and staff were very complimentary about the new manager and the positive changes that had been made at the service.

People told us they were happy living at the service. People were cared for in a kind and respectful way. Staff engaged with people and offered support to promote people's independence. Staff knew the people they cared for and what was important to them. People's choices and wishes were respected by care staff and recorded in their care records.

People had been involved in reviewing their care. People had a range of individualised risk assessments in place to keep them safe and to help them maintain their independence. People were assessed regularly and care plans were detailed. Staff followed guidance in care plans and risk assessments to ensure people were safe and their needs were met. Where required staff involved a range of other professionals in people's care. Staff were quick to identify and alert other professionals when people's needs changed.

People were supported to have their nutritional needs met. People liked the food, regular snacks and drinks were offered and mealtimes were relaxed and sociable.

People felt supported by competent staff. Staff were motivated to improve the quality of care provided to people and benefitted from regular supervision, team meetings and training in areas such as dementia awareness.

Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions. Where restrictions were in place for people we found these had been legally authorised.

# 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?**

**Requires improvement**

The service was not always safe. Improvements were required to ensure people were safe because medicines were not always stored in a safe way.

People told us they felt safe. Staff followed guidance in risk assessments and were knowledgeable about the procedures in place to recognise and respond to abuse.

**Is the service effective?**

**Good**

The service was effective.

Staff had received the training needed to care for people.

People were involved in the planning of their care and were supported by staff who acted within the requirements of the law in relation to the Mental Capacity Act 2005.

People were supported to maintain their independence. Other health and social care professionals were involved in supporting people to ensure their needs were met.

**Is the service caring?**

**Good**

The service was caring. People spoke highly of the staff. People were cared for in a kind, caring and respectful way.

People were supported in a personalised way. Their choices and preferences were respected.

People had expressed their end of life wishes and this had been recorded.

**Is the service responsive?**

**Good**

The service was responsive to people's needs.

People benefited from regular and meaningful activities.

People were involved in the planning of their care. Care records contained detailed information about people's health needs.

People knew how to make a complaint if required.

**Is the service well-led?**

**Good**

The service was well led.

There was a positive and open culture where people, relatives and staff felt able to raise any concerns they had.

The quality of the service was regularly reviewed. The manager took action to improve the service where shortfalls had been identified.

# Summary of findings

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|---|---|
| Staff felt supported and motivated to improve the service they delivered to people. | |

# OSJCT Lake House

**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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 September 2015 and was unannounced. The inspection team consisted of three inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our visit we reviewed the information we held about the service. This included notifications, which is information about important events the service is required to send us by law. We also spoke with two health and social care professionals who regularly visited people living in the home. This was to obtain their views on the quality of the service provided to people and how the home was being managed.

During the inspection we spent time with people. We looked around the home and observed the way staff interacted with people. We spoke with 13 people and five of their relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with 12 members of staff including care staff, ancillary staff, and the chef. We looked at records, which included ten people's care records, the medication administration records (MAR) for all people at the home and six staff files. We also looked at records relating to the management of the service.

Requires improvement

# Is the service safe?

## Our findings

At our last inspection in April 2015 we found appropriate arrangements were not always in place for managing medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection in September 2015 we found the provider had taken action to ensure medicines were administered safely. However, we have asked the service to continue making improvements to the safe storage of medicines. This was because thickening powder that was prescribed to be used as part of the treatment for people with swallowing problems was not stored in line with safe storage guidance that had been issued in February 2015. For example, one person's thickener was stored in the dining room, on a work surface. One staff member told us, "The tub (of powder) is either in the cupboard or on the kitchen surface". This meant people could access the powder which may put them at risk. We discussed this with regional manager who informed us they had taken action and were also planning to issue guidance to care staff to ensure this concern was not repeated.

Staff had received training in medicines management and supported people to take their medicine in line with their prescription. People had individual protocols for medicines prescribed to be taken as required (PRN) which provided guidance to staff on when to administer the medication. Staff signed medicine administration records when they had administered people's medicines. Records in relation to the application of topical creams were signed to show people had received their topical creams.

At our last inspection in April 2015 there were not sufficient numbers of staff to meet people's needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Since the April inspection the provider had reviewed the needs of people living at the home and increased the numbers of staff working on each shift. New staff had been recruited to fill existing and new vacancies. During the inspection in September 2015, people and their relatives told us there were enough staff to meet their needs. One person told us, "There's lots more of them [staff] around now, they come quickly when you buzz now". A relative told us, "Staffing levels have definitely improved since the new manager has been here". A staff member said, "It's much better staff wise, the whole place is more relaxed and people are happier". Another member of staff said, "Now we have more staff the care is better". Throughout the inspection we observed call bells were answered promptly and staff assisted people in a timely way. Off duty rotas viewed for the four weeks before the inspection confirmed the target numbers of staff had been met.

Risks to people's personal safety had been assessed, reviewed regularly and people had plans in place to minimise the risks. Staff were aware of the risks to people and used the risk assessments to inform care delivery. For example, people had risk assessments in a range of areas such as bed rails, falls, and moving and handling. Ways of reducing the risks to people had been documented. Where advice and guidance from other professionals had been sought this was incorporated in people's care plans. For example, one person who mobilised independently but was at high risk of falls. The person wore protective padding as recommended by the care home support service. People were supported to take risks to live the life they chose. For example, by going out alone or making their own hot drinks. Staff had discussed the risks with people and developed individualised risk assessments and management plans to ensure people were supported to be independent whilst being as safe as possible.

People told us they felt safe. Comments included, "I know I am safe here, it's a feeling you get", "I feel safe here because the grounds are secure and there are always people around to look out for you" and "Always feel safe here. Staff look out for me". Relatives said, "I don't have any worries when I leave [relative]. I know that she is safe because she is so well supported" and "No worries about [relatives] safety here. I come in regularly so would know if she wasn't". Care and ancillary staff had good knowledge of the provider's whistleblowing and safeguarding procedures. Staff were aware of types and signs of possible abuse and their responsibility to report and record any concerns promptly.

Safe recruitment procedures were followed before new staff were appointed to work with people. Appropriate checks were undertaken to ensure that staff were of good character and were suitable for their role.

The service was clean and staff adhered to the provider's infection control policies. Equipment used to support people's care, for example, hoists, stand aids and specialised baths were clean, stored appropriately and had

Requires improvement

# Is the service safe?

been properly maintained. The service kept a range of records which showed equipment was serviced and maintained in line with nationally recommended schedules.

Good

# Is the service effective?

## Our findings

At our last inspection in April 2015 we found people were not always cared for by suitably skilled staff who had kept up to date with current best practice. We also found staff were not supported to improve the quality of care they delivered through a supervision and appraisal process. These issues were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection in September 2015, we found the provider had taken action to ensure new and existing staff had received the training they required to meet peoples needs. For example, most staff were up to date with attending the services mandatory courses such as annual basic life support and safeguarding. One staff member told us "There has been lots of training, it's been really good". Another member of staff told us how training for caring with people who had dementia had helped them to provide better care for people because of their greater understanding of the disease. They said "I understand them [people] now and take the time to show them things, give them time to make choices and talk about their life when they were younger". People and their relatives told us they felt staff were well trained and had a good understanding of how to meet people's individual needs. One relative said "Since [relative] came in here his mobility has improved so much. Staff know how to look after him".

Staff had received their annual appraisal and had one to one supervision. This gave them the opportunity to discuss areas of practice. Supervision records reviewed showed any issues were discussed. Supervision records recorded areas where staff had worked well and staff were encouraged to share good practice and any learning with other staff. Where staff were not meeting standards, clear action plans were in place to drive improvement. Staff were also given the opportunity to discuss and identify training needs. Staff told us they felt supported by the new registered manager and the team. One staff member told us "We are a team now and [registered manager] is brilliant, very supportive". Another said, "I feel very supported now, we have a good manager".

Newly appointed care staff went through an induction period. This included training for their role and shadowing an experienced member of staff. The induction plan followed nationally recognised standards and was designed to help ensure staff were sufficiently skilled to carry out their roles before working independently. One staff member told us, "The induction was really good, lots of training and checks to make sure I could do the job. I felt really supported".

People had enough to eat and drink. People were encouraged to drink regularly throughout the day and were offered a variety of snacks. One person told us, "I always have a drink by my side". Another person said "I get plenty of food and drink. I'm happy". People's opinion of the food was positive. Comments included, "The food is very good and very tasty", "The breakfast is really very good; full English every day" and "The food is very nice but sometimes there is a bit too much". People were given a choice of what to eat and drink. People were shown plated meals at the mealtime so they could see what the food looked like before making their choice. One person told us, "I have a spoonful of each meal before deciding which one I would like to eat. How else could you decide?" People told us if they did not want what was on offer they could have something different. For example one person said, "I like most things but the Chef will get you something else like a salad or a sandwich if you don't fancy anything on the menu". One person wanted ice cream after their breakfast. A staff member acted on this request. The person enjoyed their ice cream. Mealtimes were a sociable event and people who needed assistance to eat were supported in a respectful manner.

People's specific dietary needs were met. For example, people received softened foods or thickened fluids where choking was a risk. Where people were at risk of malnutrition, staff took quick and effective action. For example, staff had identified one person who had lost weight. Staff informed the person's GP and family. A clear care plan was developed and followed. This included monitoring how much food the person ate. Weight records showed the person had regained their lost weight. Staff continued to monitor them as they could be at risk of losing weight again. We spoke to staff about this persons care. One staff member said, "They [the person] like to spend time in bed, we give them breakfast in bed. We check to make sure they are okay, and have had their breakfast or need anything." We spoke to this person who told us they were happy with the care they had received.

People had regular access to other healthcare professionals such as, the district nurse, chiropodists,

Good

# Is the service effective?

opticians and dentists to ensure their health needs were met. Healthcare professionals told us staff communicated well with them and followed any advice given about peoples care. For example, where a healthcare professional advised that a person should sit in a certain position this advice was documented in the care plan and the person was positioned in their chair in line with those instructions.

People told us staff sought their consent before carrying out personal care tasks. Senior staff had completed best interest documentation around the administration of covert medicines and the use of bedrails. Staff demonstrated a good understanding of the Mental Capacity Act (2005) and the legal requirements for making decisions about care and treatment on behalf of people who lack capacity to do so.

People who were living with dementia benefitted from an interesting and stimulating environment. The service had recently undergone refurbishment and redecoration. There was a large communal area at the centre of the building together with several sitting rooms and themed areas, which gave people a choice of where to spend their time. People were able to move around the home and gardens as they wished. Staff understood their responsibilities under the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be restricted of their liberty for their own safety.

Good

# Is the service caring?

## Our findings

People felt cared for and were complimentary about the staff and living at the service. Comments included, "I have never met kinder people [staff]. They can't do enough for you and never utter an unkind word. This is a good example of a house of hope". Another person said, "I like it here, the staff are lovely". A relative said, "I know she is well cared for".

People were assisted with personal care discretely and in ways which upheld and promoted their privacy and dignity. Staff told us how they maintained people's privacy and dignity when assisting with personal care. For example, asking what support people required before providing care and explaining what needed to be done so that the person knew what was happening. One person told us staff, "Always close my door and cover me with a towel". People told us staff respected their decisions about how their care should be delivered and were knowledgeable about how they preferred to be supported. For example, if people preferred a bath or a shower. One person said, "They look after me well and they are always very co-operative to what I want". A relative said, "When she was at home she had a shower every day but now she has become more reluctant. The staff try to encourage her but respect her decisions". People appeared clean, well kempt and were dressed appropriately for the weather.

Throughout the inspection we saw many examples of people being supported by staff who were kind and respectful. There was a warm friendly atmosphere and staff knew people well. For example, one person asked to be moved in to a quiet lounge area. Although staff knew where the person liked to sit in the quiet lounge they asked if they wanted to sit there or would prefer to sit in another chair. Staff spent time chatting with people. Conversations were pitched appropriately for the individual and ranged from the more serious through to light hearted banter.

People told us their friends and relatives could visit whenever they wanted to. People were able to meet their relatives in the communal areas or in the privacy of their rooms. Relatives told us the atmosphere in the service had improved since our last inspection in April 2015. They spoke about the welcome they received when they came to visit people. One relative said "It's a very friendly place; you get a warm welcome here".

Staff followed good practice guidance when communicating with people who were living with dementia. For example, one person became anxious and began calling out. Care staff responded promptly reassured the person with a gentle touch and took the time to find out if the person needed anything. They spent some time with the person and completed some care tasks. The person settled and appeared comfortable and relaxed. We observed other interactions where Staff were patient and gave people time to express their feelings and wishes. For example, one person was quiet and rarely spoke. A staff member spent time with the person and offered them a cup of tea. Whilst making the tea, the staff member took time to engage the person; they held their hands, talked to them and sang. The person smiled throughout their time with the staff member. We asked this person if they were happy in the home, and they smiled and nodded.

Staff took every opportunity to acknowledge and talk with people. For example, one staff member was walking around one of the units, ensuring people were comfortable and happy. Every time they went into people's rooms, or the lounge they acknowledged everyone and briefly talked to them. People responded positively to staff. It was evident that both people and staff valued the relationships they had developed. One person described the staff member as "Their friend".

People were involved in decisions about their end of life care and this was recorded in their care records. Staff described the importance of keeping people as comfortable as possible as they approached the end of their lives. They talked about how they would maintain people's dignity and comfort and involve specialist nurses in the persons care.

Care plans contained information about how best to communicate with people who had sensory impairments or other barriers to their communication. This was useful in helping staff build positive relationships with people by communicating in ways that were appropriate to them. For example, we saw staff crouching down to speak to a person. They made eye contact, spoke in a clear way and showed the person two options for a drink. This was in line with instructions in the persons care plan.

People told us they had opportunities to decide how their bedrooms should look and we saw they were personalised

Good

# Is the service caring?

to suit people's tastes. People also told us they had been involved in making decisions about how the home had been redecorated and what products should be sold in the residents shop.

Good

# Is the service responsive?

## Our findings

At a previous inspections in April 2015 we identified people's records were not always accurate and did not always contain information about how people should be supported. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the provider to send us a plan outlining what actions they would take to bring the service up to the required standard to meet the fundamental standards. At this inspection in September 2015 we found these actions had been completed.

People's care records contained detailed information about their health and social care needs and how to maintain people's independence. Care records reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, one person's care record detailed actions that should be taken to improve a person's mobility. Their relative told us, "Since he has been here he has made lots of good progress. His mobility has improved and staff are now walking him about". Care plans and risk assessments were reviewed to reflect people's changing needs. Staff completed other records that supported the delivery of care. For example, food and fluid charts and monitoring charts to record how people's position was being changed to reduce the risk of pressure ulcers were kept. These were up to date and there was a clear record of the staff input and care being carried out.

People and their relatives told us they had been involved in developing care plans and reviewing care. One person said, "They [staff] ask me about my care and what I would like them to do. I'm fairly independent but people are around if I need help". A relative said, "I regularly see Mum's care plans and come to review meetings".

Staff were responsive to people's needs. For example, staff raised concerns around one person's skin integrity. Staff informed the head of care who contacted district nurses. District nurses had assessed the person's skin and had provided guidance to staff around the equipment the person needed and around assisting the person. Staff followed the guidance and ensured this guidance was clearly recorded in the person's care plan. Where people had been prescribed specialist equipment such as pressure relieving cushions or bootees these were being used in line with instruction in their care plans.

At our inspection in April 2015, we found improvements were required to ensure people had opportunities for social stimulation. At this inspection we found actions had been taken and people benefitted from increased social interaction. People told us they enjoyed the many activities now on offer at the service. Comments included "The activities lady is very nice. If you want to do something she will sort it out for you", "I really enjoy the Tai Chi sessions. There is usually something happening", "We go out on trips. I went to Oxford and had a really good day out" and "I love it when the dogs come in. They are beautiful. This lady is wonderful and she takes me to visit her small holding sometimes". People from the local community provided chair based exercise sessions, tai chi and musical entertainment. People who wished to remain on their unit or in their rooms were protected from the risk of social isolation. For example, One person chose to spend time in their room. We observed staff regularly went to talk to this person. For example, one staff member went in to discuss lunch options, they took this time to chat to the person about other things. On another occasion staff asked if there was anything the person wanted. The staff member sat with the person, and the person appeared happy and content. We spoke with the person who said, "They [staff] are all lovely".

People were supported to visit each other from other parts of the home or spent time together in the gardens. We observed many people sitting or walking around the outside areas, independently, or supported by a staff member. Mobile call bells were made available to people who choose to sit outside. One person told us, "The garden is so gorgeous it is wonderful I spend most of the day outside" Another person said, "Lovely grounds we are so lucky". People were also encouraged and supported to maintain links with the local community. For example one person told us, "I go to the local pub up the road every day in my wheelchair. Sometimes I go to the one in the village across the road. It's good getting out".

The provider sought feedback from people and their relatives about the quality of the service. For example, residents and relatives meetings were held. People knew how to make a complaint and the provider had a

Good

# Is the service responsive?

complaints policy in place. Any concerns received about the quality of care were investigated thoroughly and recorded. The registered manager discussed concerns with staff individually and more widely at team meetings to ensure there was learning and to prevent similar incidences occurring.

Good

# Is the service well-led?

## Our findings

At a previous inspection in April 2015, we found the service was not well led and there was a lack of quality monitoring systems. These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to send us a plan outlining what actions they would take to bring the service up to the required standard to meet the fundamental standards. At this inspection we found these actions had been taken.

An experienced registered manager was in post and was being supported by the area management team and deputy manager. The management team was approachable and open and showed a good level of care and understanding for the people within the service. They had driven forward the required improvements and had a clear plan for further changes and improvements to improve the quality of service people received. Staff spoke positively about the recent changes in the service and how they felt supported by the registered manager. People told us that both the registered manager and area manager were visible around the service and had a good relationship with people. One person said, "I see the manager around every day. She comes and speak to me a lot". Relatives spoke positively about the registered manager and the improvements that had been made to the service. One relative said "Things have improved since the new manager has been in post. There are more staff on duty and the whole place has a more positive feel".

Staff described a culture that was now open with good communication systems in place. Staff were confident that the management team and organisation would support them if they used the whistleblowing policy. Appropriate action had been taken by the registered manager to deal with concerns raised about staff performance and where necessary disciplinary action had been taken.

The services offices were organised and any documents required in relation to the management or running of the service were easily located and well presented. There was a range of quality monitoring systems in place to review the care offered at the home. These included a range of clinical and health and safety audits which were completed on a monthly basis. There were action plans to address any areas for improvement and these were reviewed by the area manager to ensure they had been completed. The area manager also completed a monthly quality assurance audit. Results of audits were discussed in staff meetings and individual areas for improvement were addressed with staff during their supervisions.

There was a clear procedure for recording incidents and accidents. Any accidents or incidents relating to people who used the service were documented and actions were recorded. Incident forms were checked and audited to identify any trends and risks or what changes might be required to make improvements for people who used the service.

Visiting health professionals told us they had recently seen positive changes in the service that had directly improved the experience for people. For example, in the way staff communicated with them. They felt staff worked well with them and the registered manager was open to suggestions of how further improvements could be made.