

The Orders Of St. John Care Trust

OSJCT Grevill House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

OSJCT Grevill House is a residential care home providing personal and nursing care to 68 people. At the time of our inspection there were 44 people using the service. The service provides support to people who require long and short-term care, some of whom live with dementia.

On the same site is the Ashley unit. This is a short-stay assessment and enablement unit. Both buildings are purpose built and have been adapted to meet people's needs. People in each building have access to outside spaces to enjoy in good weather.

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

People's safety was supported and maintained. Risks related to people's health were assessed, and action taken to mitigate and reduce risks. Environmental safety checks were completed and risks identified and mitigated.

People told us they felt safe with the staff who supported them. Appropriate recruitment checks were completed before staff started work. Staffing numbers, and skills had been reviewed to ensure there were enough staff to meet people's needs. Successful ongoing recruitment of staff was supporting the growth of a permanent staff team and less need for agency staff. Staff were trained in safe ways of working and on how to recognise and report safeguarding concerns. People received the support they required to take their prescribed medicines.

The service was well managed. A new manager had recently started work, along with recent additions to the senior staff team. People who used the service, their relatives and staff spoke positively about these changes. A team approach to work was being promoted and new and longer standing staff told us they felt well supported. The manager was keen to meet people and their relatives; to hear their views on the service and to use this feedback to make further improvements to the services provided.

The manager and provider had systems and processes in place to monitor the performance of the service along with staff performance and practice. Staff told us they felt positive about the changes being made by the manager.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or

autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Right Support:

People had a choice about their living environment and were able to personalise their rooms.
People could access specialist health and social care support in the community.

Right Care:

People received kind and compassionate care from staff who protected and respected their privacy and dignity and understood and responded to their individual needs.

Right Culture:

Managers and senior staff modelled good practice and led by example.

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 19 March 2020).

Why we inspected

We received concerns in relation to staffing, the quality of care provided and the management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well-led sections of this full report.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

OSJCT Grevill House

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 Health and Social Care Act 2008.

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

Two inspectors and 2 Expert by Experience carried out this inspection. 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

OSJCT Grevill House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. OSJCT Grevill House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection the management of the service was being transferred over from the registered manager to a new manager who would be in charge of the service. This manager intends to register with the Care Quality Commission.

Notice of inspection

This inspection was unannounced.

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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and 14 representatives of people, to gather their view of the service. We spoke with 14 staff, which included 4 care staff, 1 care team leader, 2 nurses, 2 housekeepers, the activities co-ordinator, deputy manager, manager, operations manager and the provider's staff induction support co-ordinator.

We reviewed 5 people's care records and 8 people's medicine administration records. We reviewed 3 staff recruitment files and records related to staff training and support. We also reviewed records related to the management of the service which included, audits, service action plans, minutes of staff and 'resident and relative' meetings and policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Arrangements were in place to safeguard people from abuse and for any safeguarding concerns to be shared with appropriate agencies, such as the local authority, police and the Care Quality Commission.
- Staff had received training and knew what to be observant for and how to report their concerns.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed and actions put into place to mitigate or reduce risks. We reviewed risk assessments relating to falls, pressure ulcer development, malnutrition and choking. A person told us, "I move around in bed independently, no pressure areas, they saw one start (pressure ulcer) and they were on it." A family member told us, "They watch (relative) weight."
- Staff had been provided with training to be able to manage people's risks safely. A person told us, "I feel safe. They (staff) hoist me, I call it "rock a bye" I feel safe, no fear of falling, they (staff) are trained".
- Daily meetings took place, so staff were kept fully aware of any changes in the management of risks or of new emerging risks. Heads of departments monitored the actions taken to manage risks to ensure these remained effective.
- The environment was kept safe through the provider's maintenance arrangements and health and safety monitoring processes. Servicing contracts were in place to ensure all utilities, warning systems and equipment remained in safe working order.
- Additional risk management processes were in place as the care home was undergoing a major refurbishment. Areas of the care home were no longer accessible and contractors were on site. During the inspection the provider's estates manager carried out a monitoring visit to ensure all safety arrangements remained in place.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS

authorisations were being met.

- People's consent was sought before care and treatment was provided. People's legal representatives were consulted about people's care and treatment. A person's representative, told us they had been contacted and consulted about changes to their relative's treatment.

Staffing and recruitment

- Staff were recruited safely. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Gaps in employment and reasons for leaving previous employment were also followed up.
- On-going staff recruitment had been successful and new staff were being supported to complete the provider induction training and mandatory training which supported them to complete their work safely.
- The senior staff team and manager had reviewed how staff were allocated and deployed across the service to ensure staff were available to meet people's needs and preferences. A relative told us, "Staffing, definitely looking on the up, big improvement recently, now lots of new staff who seem very nice. There are more people (staff) around."

Using medicines safely

- Medicines were delivered and stored safely so they were available for when needed. A person told us, "They manage medication, I am happy with it. If I'm in pain, they will give me (pain relief)"
- People were supported to take their prescribed medicines by trained staff.
- People who lacked mental capacity to consent to treatment had their medicines prescribed and administered in their best interests.

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 supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- There were no visiting restrictions in place. We saw family members and friends visiting at the time of the inspection.

Learning lessons when things go wrong

- Lessons had been taken from medicine errors and processes and practices reflected on to ensure the risk of medicines errors were mitigated.

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 our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The manager and senior leadership team promoted a person-centred approach to people's care; considering people's individual needs, preferences, and abilities.
- They had reviewed people's needs and the needs of the service and recruited and deployed staff to support these. A person told us, "Staff let me do things. I wash myself; they help me in the shower, my (relative) does my washing. I help the staff by (task completed). Staff encourage me to be independent, so I keep my room tidy, make my bed etc. I can't fault them in any way."
- Staff told us they felt happy, included in the service changes being made, and valued by their new manager. Comments from staff included, "The staff work well as a team" and "The new manager is lovely, I have worked with her and she's very hands on; knows the residents." Another member of staff told us the manager had supported them to upskill and they were now able to provide additional support to people. They told us this had made them feel valued.
- The manager operated an open-door policy and relatives told us, where they had met the manager and had discussed some ongoing areas of dissatisfaction, action had been taken and they had noticed an improvement in the service provided.

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 manager and senior staff understood their responsibility to report things which had gone wrong and to be open and honest with the people involved or their representative/s. Two visitors told us they had been informed of medication errors which had involved the people they visit. They had also been told what action had been taken to address this.
- Additional training and support had been provided to staff in medicines administration, documentation and record keeping, therefore improving the accuracy of people's care records.
- The manager was clear that for staff to perform well and for people to receive safe and high-quality care, all staff, needed to be clear about their individual responsibilities. Time was therefore being spent providing staff with opportunities for further learning and reflection, which was relevant to their roles.

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

- The new manager and leadership team were clear about their responsibilities regarding risk management. They had processes in place to monitor and support areas of risk and to ensure risk management actions

remained effective.

- The manager also had processes in place to ensure the provider's policies, procedures and additional ways of working were followed. Staff were supported to be aware of these, work according to these and to ensure their practices were in line with best practice.
- The manager and provider had quality monitoring processes in place to ensure areas for improvement were identified and addressed.
- The provider was continuing to provide the manager with senior management support during what was a transitional phase and period of service adjustment.
- There were systems in place to ensure we (the Care Quality Commission) were notified of things which involved people who used the service, for example, serious injuries, incidents of abuse or death.

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

- The manager was aware that more involvement and better communication with people's representatives was required, in particular when reviewing people's care. Arrangements were being made to make that happen and a relative confirmed that this had been organised for them recently.
- Plans for gaining further feedback from people and their representatives were being made. The process of doing this had been limited partly due to COVID restrictions, so the provider's planned annual meetings schedule had been reinstated. Meetings with people, relatives and staff were scheduled in for the year. The provider also used annual questionnaires to gain formal feedback.
- We reviewed the minutes of a 'residents' meeting held 7 days prior to the inspection. This had included the manager introducing themselves to people and explaining that they were available at any time if people wished to see them. There was also discussion about improved availability to snacks, drinks and kitchen services, laundry and plans for social activities and outings.

Working in partnership with others

- Senior staff worked closely with commissioners of care so people could access the support the service could offer when it was needed.
- Staff worked with primary health healthcare and adult social care professionals to support people's access to assessment, reviews and treatment required. This included, mental health and learning disability specialists, dental services, pharmacists, and NHS Rapid Response teams.
- There were connections with local faith and church leaders to support people's religious preferences and pastoral needs.