

The Orders Of St. John Care Trust

OSJCT Fives Court

Inspection report

Angel Lane
Mere
Warminster
Wiltshire
BA12 6DH

Tel: 01747860707
Website: www.osjct.co.uk

Date of inspection visit:
06 January 2020
07 January 2020

Date of publication:
31 January 2020

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

Fives Court is a residential care home providing personal care to older people. The service can support up to 31 people. At the time of the inspection 24 people were living at the home.

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

Some people at Fives Court were living with dementia, which affected their ability to make decisions about their care and support. Where people were not able to give consent, the service delivered care in the person's best interest. However, mental capacity assessments and best interest paperwork was not always in place for people. This was discussed with the registered manager who told us they would act on this.

People told us they were happy, felt safe. Relatives said that staff had a good understanding of their loved one's needs and preferences. Risks had been identified and measures put in place to keep people safe from harm. Medicines were managed safely and administered by trained staff.

Staff were well trained and skilled. They worked with people to overcome challenges and promote their independence. The emphasis of support was towards inclusion and enabling people to learn essential life skills. Equality, Diversity and Human Rights (EDHR) were promoted and understood by staff.

People, professionals and their families described the staff as caring, kind and friendly and the atmosphere of the home as relaxed and engaging.

People received pre-admission assessments and effective person-centred support. The service was responsive to people's current and changing needs. Regular reviews took place which ensured people were at the centre of their support.

Care plans were personalised and updated in response to people's changing needs. Staff listened to what people wanted and acted quickly to support them. Staff looked to offer people solutions to aid their independence and develop their skills.

Checks of safety and quality were made to ensure people were protected. Work to continuously improve the service was noted and the registered manager was keen to make changes that would impact positively on people's lives.

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 16 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 Fives 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.

Inspection team

This inspection was completed by one inspector, a specialist advisor and an Expert by Experience on day one and two inspectors on day two. 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

Five's Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

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. 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 nine people who used the service and two relatives. We met with two professionals who both had experience of working with the home.

We spoke with the registered manager and head of care. We met with 10 staff including maintenance, departmental lead staff, care staff, activities and the head chef. We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality audits, the service improvement plan and complaints.

We walked around the building and observed care practice and interactions between support staff and people.

After the inspection

We asked for training records, data and policies and reviewed the information to make our judgements.

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.

Using medicines safely;

- Medicines at Fives Court were managed safely. However, times of time specific medicines were not recorded. This was discussed with the head of care and registered manager who were in contact with the GP to confirm times these must be given.
- Medicine Administration Records were completed and audited appropriately.
- The service had safe arrangements in place for the ordering and disposal of medicines.
- The staff that were responsible for the administration of medicines, were all trained and had had their competency assessed.
- Where people were prescribed medicines they only needed to take occasionally (typically referred to as PRN), guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

Learning lessons when things go wrong; Assessing risk, safety monitoring and management

- Regular fire and health and safety checks were completed by the home's maintenance person. However, during a tour of the home we observed a carpet in a person's room which had frayed and ripped in two places in the doorway where the hallway and bedroom carpets met. We discussed this with the registered manager who told us a new carpet had been ordered and they would follow this up. In the short term the registered manager told us they would get the maintenance person to make the carpet safe.
- Risk assessments were in place for each person for most aspects of their care and support. These were reviewed regularly and in response to people's needs changing. However, health-specific care plans were not in place for people who received urostomy care. This was discussed with the registered manager who put assessments in place.
- Learning was shared through staff meetings and handovers. Staff told us they communicated well together, and they were supported with this by the care leads and head of care.
- Annual safety checks were completed by external professionals such as gas safety and portable appliances.
- People had Personal Emergency Evacuation Plans (PEEPs) which guided staff on how to help people to safety in an emergency.

Staffing and recruitment;

- Staff told us there were not always enough staff during the morning. However, people, relatives and professionals told us there were.
- People, relative and professional comments included; "if I ring the bell they come quite quickly", "I don't wait long if I ring the bell" and "There appears to be enough staff in the home".
- Staff comments included; "I don't feel there are enough staff in the mornings but don't feel that we are

drastically understaffed" and "We can struggle when there are only three care staff because six people require two staff with moving and assisting. This then leaves only one carer on the floor. No harm has come to anyone that I know of, but the risk is there".

- The registered manager and head of care told us that they regularly review people's dependency levels and occasionally used agency staff. They also confirmed that they were looking at having an extra carer in the mornings.
- The provider operated a safe recruitment process. Recruitment checks were in place and demonstrated that people employed were safe to work with vulnerable adults, had satisfactory skills and the knowledge needed to care for people.

Systems and processes to safeguard people from the risk of abuse

- People, relatives, professionals and staff told us Fives Court was a safe home to live in. For example, external doors were secure, policies and risk assessments were in place and care plans were clear.
- We asked people if they felt safe living at the home. Comments included; "I feel very safe. Daytime and night-time care", "yes, I think so. Nothing makes me feel unsafe" and "yes, people around me and building very secure".
- A relative we spoke with had no concerns about safety within the home. They said their relative had settled into the home well and now seemed a lot happier, was eating well and looking well.
- Staff could tell us about different signs of abuse and who they would report concerns to, both internal and external to the home. There were posters around the home giving the telephone numbers of the local safeguarding team.
- There were effective arrangements in place for reviewing and investigating safeguarding incidents. There was a file in place which recorded all alerts, investigations and logged outcomes and learning.
- Relatives, professionals and staff said they had no safeguarding concerns and would feel confident to use the whistleblowing policy should they need to.

Preventing and controlling infection

- The home was visibly clean and odour free. A person said, "I can't think of anyone who could find fault with the cleanliness".
- There was a domestic team and we observed these staff cleaning bedrooms, corridors and communal areas throughout the day.
- An infection control policy and cleaning schedules were in place to ensure risks to people, staff and visitors from infection were minimised.
- Staff had received infection control training and understood their responsibilities in this area.
- There were hand washing facilities throughout the home and staff had access to personal protective equipment (PPE) such as disposable gloves and aprons. We observed staff wearing these during both days of the inspection.
- The service ensured a high level of hygiene was maintained and checks were completed. Regular infection control audits were completed by the dedicated domestic lead.

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.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Some people at Fives Court were living with dementia, which affected their ability to make decisions about their care and support.
- The service was providing support to people in consultation with others and in people's best interests. However, mental capacity assessments were not always completed, and best interests paperwork was not always in place for people who required them. We discussed this with the registered manager who told us they would address this as a priority.
- Applications had been made under DoLS as necessary. The registered manager had a DoLS tracker in place to ensure applications were made before authorisations expired.
- People and their relatives told us staff asked their consent before providing them with care. A person said, "The staff always ask me before they help me".
- Staff had received MCA training and were able to tell us the key principles. A staff member said, "We always assume people have capacity to consent and any decisions are always made in people's best interests".

Staff support: induction, training, skills and experience

- Staff told us they received appropriate training to enable them to fulfil their roles. A staff member told us, "It's good training here. Really in depth, staff can also request additional training. We have recently asked for end of life training at the last lead meeting".
- There was a clear induction programme for new staff to follow which included shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.
- Staff told us they felt supported and received regular supervision meetings. New staff told us they attended

probation meetings which they found useful.

- A new staff member told us, "Induction was very good. Training before starting and a tour of the home. I was really impressed with the fire induction we had. I also completed several shadow shifts". A person said, "Staff always seem to know what they are doing and the way I like things to be done".

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

- There was a clear referral and admissions process in place which ensured people received pre-admission assessments and effective person-centred support during transition between services.
- People's outcomes were identified and guidance on how staff met them was recorded. Staff knowledge and records demonstrated plans had been created using evidence-based practices.

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

- People told us they enjoyed the food at Fives Court. One person told us, "Food is very good". Other comments included, "I have breakfast in my room and then dinner in the dining room. Good choice" and "Excellent, I wouldn't grumble about it".
- We observed a positive meal time experience. The dining room was light and airy. Tables were dressed with cutlery, tablecloths, serviettes, placemats, flowers, assortment of condiments. There were jugs of squash/water and glass tumblers. People were also offered a small glass of wine, baileys or beer.
- People could sit where they wanted too. A few people stayed in the lounge, only four remained in their bedrooms.
- The food was cooked on the premises. There was a large board displaying pictures of the menu. People were also shown plates of food to enable them to choose which they would prefer. We heard people being offered alternatives to what was on the menu. There was a choice of two mains and several deserts.
- Staff understood people's dietary needs and ensured these were met. Where nutritional needs had been assessed, clear guidelines were in place. The home had recently reviewed people's food likes and dislikes.
- The home employed a chef and a kitchen assistants. They were aware of people's needs and safe swallow plans were in place.
- The chef showed us people's food profiles which detailed people's likes, dislikes, support required and allergies. Staff said they found these useful. We also observed the chef talking to people and seeking feedback after meal times.

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

- People had access to health care services as and when needed. Health professional visits were recorded in people's care files which detailed the reason for the visit and outcome.
- People's comments included; "I am given every opportunity to see GP if I can't get to the surgery" and "Hospital appointments staff sort out and arrange transport".
- A professional said, "Our team have set visiting days. I think what is really good here is that staff have time to accompany us when visiting people. The person I have just visited was a little anxious but with the staff there it help them feel more relaxed".
- Information was recorded ready to be shared with other agencies if people needed to access other services such as hospitals.
- Staff were knowledgeable about people's needs and the importance of working with others. We were told that professional advice was sought promptly, and advice was followed.

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

- Fives Court was a large single storey building which allowed people to access all areas without using a lift or stairs.
- The home had an open plan lounge dining room, a library, activities room and sun room. There was a large

patio and garden area which all had level access. We observed people being supported to access the garden by the activities lead.

- People were encouraged to bring their own belongings and furniture into the home. Notice boards around the home displayed information and matters of interest.
- There were two kitchenettes in the home where families and staff were encouraged to make their own hot and cold drinks.
- There were signs on the doors to assist people to access certain rooms such as the bathroom. People had individual front doors. These had photos of interest on them to support people orientate themselves and find their room. For example, one person had been a bus driver. Their door had a picture of old buses on it.

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 staff were kind and caring. Comments included; "Staff are exceptionally kind to people", "I find them all excellent" and "Very pleasant, very good. If they can help you, they will".
- Relatives and professionals' comments included; "All very friendly, staff always welcoming. Make time for us" and "Staff are very caring and kind. I really like coming here".
- We observed very positive, caring and compassionate interactions between staff and people. Staff got down to people's eye level when communicating. They walked at people's paces when supporting them mobilise and always acknowledged people as they walked past them.
- People's cultural and spiritual needs were respected. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy. Training records showed that all staff had received training in equality and diversity.
- The registered manager told us they had received several compliments. We read some that were recorded. One, from a relative read, 'I still can't thank you enough for all the care you gave to my [relative]' another read, 'Thank you all so much for looking after my very cheeky [relative]. Your dedication and kindness is amazing'.

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

- People were able to express their needs and choices and staff understood their way of communicating. A staff member said, "We offer people options and choices to make decisions in a way that best meets the preferred method of communication. This may be verbal, written or visual".
- People's comments included; yes, "I feel I can tell them [staff] what I want" and "If I want something out of routine, I just ask".
- Relatives were pleased with the care their loved ones received. One relative said, "I am very happy with the level of care. Everyone is so lovely".

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect. We observed staff knocking on people's doors before entering and not sharing personal information about people inappropriately.
- A staff member said, "During personal care we close doors and curtains. We always talk people through tasks like washing and dressing".
- Promoting independence was important to staff who supported people to live fulfilled lives. A person said, "Staff definitely encourage independence but can help if I need it". A staff member told us, "It's all about enabling and supporting people to keep their independence. I would hate to take that away from them".

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 good. At this inspection this key question has remained the same 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

- People received personalised care that was responsive to their needs.
- We found that outcomes were clear and guidance for staff was in place to enable people to meet those outcomes.
- Staff explained how they put people at the centre of their care and involved their relatives in the planning of their care and treatment. However, involvement in the reviews of care plans was not recorded. The head of care told us that they would review this and ensure involvement was recorded going forwards.

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

- The home employed an activity coordinator and had a programme of activities for people to enjoy. This was organised into a daily planner and the activities were advertised in the home.
- People and staff told us they enjoyed the activities. People's comments included, "I do take part when I want too" and "I like the music and I went out for a Xmas dinner".
- We observed that the people were being encouraged to join in with the music in the morning activity. People appeared to enjoy it.
- People were supported to develop and maintain relationships to avoid social isolation. This included contact with those important to them including family, friends and other people living at the home.
- We were shown a scrap book which evidenced several activities through photographs. These included; Political party representatives visiting the home. Posters about voting, information from all parties. Christmas frozen wonderland party in local town.
- The activities coordinator arranged a service of remembrance on 11.11.2019. This involved hymns and poems, lighting candles, two-minute silence. People laid decorated stones with the names of lost loved ones which we were told would go in the memory garden
- Family members were welcomed, and people were supported to make friendships. A relative said, "We are always made to feel welcome. We are offered drinks and can meet with [relative] in any of the communal rooms".

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.

- People's communication needs were identified, recorded and highlighted in care plans. These needs were

shared appropriately with others. Records showed that people's identified information and communication needs were met. For example, one person was Deaf and required information to be written down. Staff were all aware of this and a wipe board was used.

- Staff understood people's communication needs and ensured that glasses were clean and hearing aids were maintained.

Improving care quality in response to complaints or concerns

- The registered manager told us they welcomed complaints and said, "I see complaints as positive. They are a learning opportunity".
- The service had a complaints procedure in place; this captured the nature of complaints, steps taken to resolve these and the outcome. At the time of our inspection there was one ongoing complaint which was being managed by the operations manager.
- We found that complaints had been fully investigated, outcomes discussed with the complainant and where necessary improvements made. A person said, "I have reported some residents, but they have gone now. I was pleased with managements response".
- People and relatives told us they knew how to raise concerns and make complaints. One person said, "I'd speak to the most senior person, all approachable" and "I could talk to any of the staff, depends who's available".

End of life care and support

- People's end of life wishes had started to be explored by the service.
- At the time of our inspection no one was receiving end of life care.
- The home had received compliments from relatives following the loss of their loved ones. One read; 'Thank you for looking after [person] so well in the last few months with you love, care and attention' and another read, 'Just a few words to say thank you to everyone for caring for [relative] in the way that you did. The last eight years ended with great dignity thanks to the love and care of people around them'.

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 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

- Staff told us that the registered manager was not always approachable and that they did not feel valued. Comments included; "The registered manager isn't massively approachable and can come across rude at times", "I think it is a people skills thing, I'm sure they don't mean to talk to us the way they do" and "It would be nice to be acknowledged more for the work we do".
- The registered manager told us that they would reflect on this feedback and arrange a meeting where success could be celebrated, and staff could be asked how the management team could support them better.
- Staff were complimentary about the head of care and care leads. Comments included; "[Head of care name] is great. They are often the buffer between us and the registered manager. They are very considerate" and "[Care lead name] is lovely. Understanding and 100% supportive".
- Staff told us they were proud to work at Fives Court and that the care team respected each other worked well together.

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

- The management team demonstrated a commitment to ensuring the service was safe and of high quality. Regular checks were completed by the registered manager and head of care to make sure people were safe and that they were happy with the service they received.
- Regular areas audited included; care files, health and safety, medicines and infection control. However, the shortfall in recording MCA and best interest decisions had not been identified. The registered manager told us they would ensure audits covered this area in more detail.
- The operations manager told us they visited the home monthly and complete a full audit once a year. The registered manager told us they felt supported by the provider.
- Regular staff meetings took place which gave staff an opportunity to discuss topics, follow up on actions set in previous meetings and discuss the people they were supporting. Reflective learning took place in these meetings.
- The management and staff were clear about their roles and responsibilities. Duties were clearly detailed in staff job descriptions which were included in personnel files.
- The registered manager knew about their duty to send notifications to external agencies such as the local authority safeguarding team and CQC where required. This is a legal requirement to allow other professionals to monitor care and keep people safe.

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

- The registered manager understood the requirements of duty of candour. The registered manager said, "Duty of candour is about being open and honest, owning up to mistakes. Apologising and learning from mistakes".

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

- People informed us that there were residents meeting every month. The most recent meeting notes showed that there were discussions about food and the quality of this. Activities, Christmas lights for next year 2020. What to do with the garden and trips.
- The service sought people's feedback through questionnaires.

Working in partnership with others

- Fives Court worked in partnership with other agencies to provide good care and treatment to people.
- Professionals fed back that partnership working was positive. A professional said, "The home works very well in partnership with us. Referrals are made, information is shared on request and they are very open and transparent".
- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care.
- Fives Court had held several charity fundraising events. These included; A save the children Christmas jumper day, breast cancer now and a Macmillan coffee morning.