The Orders Of St. John Care Trust

OSJCT Isis House Care & Retirement Centre

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?	Requires improvement
Is the service well-led?	Good

Overall summary

This inspection took place on the 18 June 2015 and was an unannounced inspection. At the last inspection on 18 May 2014 the service had met all of the outcomes we inspected.

Isis House is a care home providing care and support to 80 older people. The home offers residential care, nursing care, Intermediate care and dementia care. The home is part of The Order of St John Community Trust. On the day of our visit 80 people were living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

There was not sufficient staff on duty to support people and meet their needs. People and staff told us there were not enough staff. Care workers were very busy and appeared rushed in their duties. One member of staff said "We are working flat out just to do basic care". As a consequence, some people did not receive appropriate support with regard to eating their meals.

The registered manager and staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA) which governs decision-making on behalf of adults who may not be able to make particular decisions themselves. However, mental capacity assessments were not always complete and we could not evidence how the service had obtained some people's consent.

Staff understood the needs of people and provided care with kindness and compassion. People had access to activities such as and arts and crafts, games and religious services. Some people told us activities were good. However, some felt differently. One person said "I've never been on an outing since I've been here. They've never asked me".

People were safe. Staff had received regular training to make sure they stayed up to date with recognising and reporting safety concerns. Records confirmed the service notified the appropriate authorities where concerns relating to suspected abuse were identified.

Where risks to people had been identified risk assessments were in place and action had been taken to reduce the risks. Staff were aware of people's needs and followed guidance to keep them safe.

People received their medicines as prescribed. Staff carried out appropriate checks before administering medicines. Records were accurately maintained and all medicines were stored safely and securely.

People told us they were confident they would be listened to and action would be taken. The service had systems to assess the quality of the service provided in the home. Learning was identified and action taken to make improvements which improved people's safety and quality of life. Systems were in place that ensured people were protected against the risks of unsafe or inappropriate care.

Most staff spoke positively about the support they received from the registered manager. Not all staff supervision records were up to date. Staff told us the registered manager was approachable and there was a good level of communication within the home.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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 always safe. There were insufficient staff deployed to meet people's needs.

People told us they felt safe. Staff knew how to identify and raise concerns.

People received their medicines as prescribed. Staff carried out appropriate checks before administering medicines.

Requires improvement

Is the service effective?

The service was not always effective. Mental capacity assessments were not always complete and we could not evidence how the service had obtained some people's consent.

People told us they enjoyed the food and they had plenty to eat and drink.

Most staff told us they felt supported and received regular supervisions. Not all supervision records were up to date.

Requires improvement

Is the service caring?

The service was caring. Staff were kind, compassionate and respectful and treated people and their relatives with dignity and respect.

Staff gave people the time to express their wishes and respected the decisions they made.

Good

Is the service responsive?

The service was not always responsive. Some care plans were not personalised and appeared task focussed.

People knew how to raise concerns and were confident action would be taken.

People and their relative's views were sought. Meetings were conducted with people to discuss changes in the home and to seek their feedback and suggestions were acted upon

Requires improvement

Is the service well-led?

The service was well led. The registered manager conducted regular audits to monitor the quality of service. Learning from these audits was used to make improvements.

There was a whistle blowing policy in place that was available to staff around the home. Staff knew how to raise concerns.

The home had a culture of openness and honesty and the registered manager had a clear vision for the future.

Good

OSJCT Isis House Care & Retirement Centre

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.

This inspection took place on the 18 June 2015. It was an unannounced inspection. This inspection was carried out by two inspectors, a specialist advisor 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.

We spoke with ten people, three relatives, three nurses, five care staff, the chef and the registered manager. We also spoke with an 'in house' healthcare professional. We looked at eight people's care records, medicine administration records. We also looked at a range of records relating to the management of the home. The methods we used to gather information included pathway tracking, which is capturing the experiences of a sample of people by following a person's route through the service and getting their views on it, observation and Short Observational Framework for Inspection (SOFI). SOFI provides a framework for directly observing and reporting on the quality of care experienced by people who cannot describe this themselves.

Additionally, we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. A notification is information about important events which the provider is required to tell us about in law.

Additionally we reviewed the information we held about the home and contacted the commissioners of the service and the care home support service to obtain their views. The care home support service provides specialist advice and guidance to improve the care people receive.

Requires improvement

Is the service safe?

Our findings

There was not sufficient staff on duty to support people and meet their needs. People told us there was not enough staff to meet their needs. Comments included: "I think there should be more carers in the morning when they are getting everyone up. They do have staff problems especially when they are doing training. Nights and weekends are ok", "The staff are very good but they could do with more help in the mornings" and "I don't think there is enough staff because they are so busy". One relative said "I think they are short staffed. If she [the person] asks for her hearing aid, they [staff] can't always do it. They forget to come back sometimes. Otherwise they are very good with her".

Staff raised concerns with us about staffing levels. Comments included; "We sometimes have to stay late to complete the records. There's not enough time during the shift to do them, but we're not allowed home until they're done", "We were down to two carers in the morning a few weeks ago, eventually a second nurse came in to help", "We are short of staff, even in the kitchen. We are just so tired" and "No there is not enough of us. We are short in the mornings and we are working flat out just to do basic care".

Two healthcare professionals we spoke with raised similar concerns. One said "My only concern is staffing levels at this home". Another said "I think they need more staff. They are very busy and this is affecting people's independence. It is quicker to do for someone than it is to support them to do it themselves. This means it can take people longer to recover".

During our inspection staff appeared rushed and very busy at times. This meant there was little opportunity for them to engage with people other than to complete the task they were working on. However, we saw people's alarm buzzers were answered promptly. One person said "I have been in pain. I ring my buzzer and staff come fairly quickly, it's usually in minutes. The longest I've waited is fifteen15 minutes". Staff rotas showed planned staffing levels were generally met but the rotas were untidy and contained many alterations. Staffing levels rotas did not provide sufficient cover for events that could occur during the day. For example, one member of staff accompanied a person to a hospital appointment. This left their unit one short. As a consequence there were not enough staff to support people at the lunchtime meal.

We observed the lunchtime meal. The majority of people were able to eat independently but some required assistance. In the majority of cases people were supported in a patient and caring fashion. However, staff were very busy and we saw one person sat with a meal in front of them they clearly did not want. It took the staff 20 minutes to realise the person was not eating before someone asked them what was wrong. The person said they didn't like their meal. An alternative was offered but the person did not answer. Moments later, without further discussion a pudding was placed in front of them which they ate. We did not see this person eat a hot meal. Another person was sat in front of their meal for ten minutes before a member of staff came to give them support to eat and drink. We spoke with the registered manager who said staffing levels were set by the needs of people but they would "look into our concerns".

These concerns were breaches of Regulation18 of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and Disclosure and Barring Service checks. These checks identify if prospective staff were of good character and were suitable for their role.

Risks to people were managed and reviewed. Where people were identified as being at risk, assessments were in place and action had been taken to reduce the risks. The majority of risk assessments were accurate and up to date. However, we did find some errors. For example, One person could present behaviours which may challenge. The risk assessment was in place and noted daily updates and reassessment was required. Daily updates were not always recorded. The person did not present this behaviour during our visit. This person also had a history of a particular infection. We could not find evidence this infection had been excluded. Other risks assessments we saw included risk of falls, malnutrition, pressure sores, moving and handling, fire, use of bed side rails and security risks.

One person was at risk of falls. Clear guidance was provided to staff on how to support this person. A referral to an occupational therapist had been made and their advice was recorded and was being followed. Records showed the person had not fallen since this guidance was provided.

Requires improvement

Is the service safe?

People told us they felt safe. Comments included; "I feel quite safe. If I didn't I would speak to the nurse in charge", "I feel safe here. I would speak to the carers if not" and "Feel quite safe. I would speak to somebody, not sure who".

People were supported by staff who could explain how they would recognise and report abuse. They told us they would report concerns immediately to their manager or senior person on duty. Records confirmed staff had received safeguarding training and the service notified the appropriate authorities with any concerns.

People told us had their medicines as prescribed and when they needed them. Comments included; "I take medicine four times a day, it's usually on time" and "I do take pills, it's always on time. I've not been in pain, it hasn't happened". The staff checked each person's identity and explained the process before giving people their medicine. Medicines records were accurately maintained. Medicines were stored securely and in line with manufacturer's guidance.

Requires improvement

Is the service effective?

Our findings

The majority of staff had received training in the Mental Capacity Act (MCA) 2005 and could demonstrate an understanding of the principles. We discussed the MCA with the registered manager. The MCA protects the rights of people who may not be able to make particular decisions themselves. The registered manager was knowledgeable about how to ensure the rights of people who lacked capacity were protected. However, this knowledge was not always supported by the care plans.

Mental capacity assessments were completed. Some entries were not clear. For example, for one person there was no confirmation of their capacity status. A 'yes' response was ticked to confirm the person had given consent to 24 hour care. The box was not ticked to confirm that the person had the capacity to make the decision. We could not be sure this person had capacity when they made the decision. This person also had a Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) in place and had been discussed with the daughter. The reason given by the doctor completing the document for not being discussed with the person was noted as 'mute'. This is not a valid reason for not discussing this decision with the person and the decision may not be in the person's best interest. The service needed to work with clinicians to ensure that documents that would affect the care they provided had been completed in line with the MCA. This document had not been reviewed. Another person's care plan stated, 'Involve (person) in making decisions about her care'. The records did not confirm how this was achieved.

One person's care records documented that they had 'complete loss of capacity' in relation to decision making and a 'severe loss of awareness' relating to personal safety. Capacity assessments should be decision specific. This assessment was not in line with the MCA. This person's care plan indicated they had consented to bed rails being put in place, however in light of the information in the care plan stating they had a severe loss of capacity it was not clear how the service had assessed that they had capacity to consent to the use of bed rails.

These concerns were breaches of Regulation11 of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of our visit one person was subject to a Deprivation of Liberty Safeguards (DoLS) authorisation. These safeguards protect the rights of people by ensuring that if there are any restrictions to their freedom and liberty these have been authorised by the supervisory body as being required to protect the person from harm in the least restrictive way. The application had been completed, the person's best interests considered and had been authorised by the supervisory body.

People told us they enjoyed the food and had plenty to eat and drink. Comments included; "The food is very good. They come round the afternoon before and offer two choices. You can have something else if you don't like the choice. I get plenty to drink, they keep my jug topped up", "I think the food is good. You get a choice the day before", "The food is tasty, plenty of it. I don't have much of an appetite" and "The food is alright, I like it. There's a menu I think. I eat in the dining room, quite sociable".

Some people were at risk of choking. Referrals had been made to the Speech and Language Therapist (SALT) and their guidance was being followed. For example, one person required a pureed meal and thickened fluids to reduce the risk of choking and this was provided. Another person took nutrition through an external tube. Staff had received training. The prescribed regime for fluid and nutritional intake for this person was completed by a community dietician and was being followed by staff. Where people were at risk of weight loss their food and fluid intake was monitored and recorded and they were regularly weighed. All those we looked at were maintaining or gaining weight.

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff told us they received an induction and completed training when they started working at the service. Induction training included fire, moving and handling, infection control and dementia care. Staff comments included; "Myself and my staff have had good training. We have the knowledge we need" and "I think the training I've had was really useful".

Most staff were positive about the support they received. Comments included; "I do get supervision, I think it is every six months" and "I think I am supported. This is a friendly home and the Service users and ourselves are very well treated". However one member of staff said "I don't think we are supported. When things go wrong you are on your

Requires improvement

Is the service effective?

own and I can't remember the last time I had a supervision". Records showed some supervisions were not up to date. This was acknowledged by the registered manager who was aware and a plan was in place.

Staff had opportunities for professional development. For example, some staff had gained qualifications at NVQ level two in care and two were working towards level three in dementia care. Staff also received annual appraisals.

People were supported to maintain good health. Various healthcare professionals were involved in assessing, planning and evaluating people's care and treatment. These included the GP, Care Home Support Service, Speech and Language Therapist (SALT), district nurse and physiotherapist. One healthcare professional we spoke with said "I think it is generally a good service. I receive appropriate referrals and they follow any guidance". Another said "They follow guidance and advice and they are receptive to any changes. Staff raise concerns promptly". Visits by healthcare professionals were recorded in people's care plans along with any recommendations or advice.

Good

Is the service caring?

Our findings

People told us they enjoyed living at the home and benefitted from caring relationships with the staff. Comments included; “Oh yes, very caring, very much so. Some great ladies, very respectful”, “I think they are caring. Some are better than others. They are not rude to you or anything”, “They are alright at caring. I think they are respectful” and “Yes, they seem very good, very caring”.

Staff told us they enjoyed the relationships they had with people. Comments included; “I love helping these people, I’ve been doing this work for a long time”, “It is lovely here and this is a really nice unit with lovely people” and “I just love the work and those we care for”.

People told us how staff promoted their independence. One relative said “They try and encourage her to be independent when she’s washing. But it’s not working at the moment, they need to help her more because she’s poorly”. One person said “They encourage me to wash myself”. We looked at this person’s care plan and saw staff were advised to encourage this person to ‘Wash their own face and brush teeth and hair” in addition to any other tasks the person could complete.

People were cared for by staff who were knowledgeable about the things that were important to them in their lives. Staff spoke with people about their careers, family and where they had lived. One care plan noted how the person ‘Liked to go to bed late”. Daily notes in the care plan evidenced this person went to bed between ten and eleven o’clock at night.

People told us staff were knowledgeable regarding their needs. Comments included; “They know to encourage me to sit up in the morning. They are always here when I try” and “The girls know me very well and what help I need”. One relative said “Staff knowledge. I think that’s fine. They seem to know her likes and dislikes”. Staff were able to tell us about people’s needs. One said “We regularly update their diet sheets so I know what people like and I make sure they get the right meals”.

People felt involved in discussing their care and making choices. Comments included; "They are very good. Whenever I ask questions they have the answers", "The nurses are great, encouraging and supporting", "I can make my own decisions on what I do. There are no restrictions here" and "They are good, they help me choose what I'm going to wear each day".

People were treated in a caring and kind way. The staff were friendly, polite and respectful when providing support to people. Staff took time to speak with people as they supported them. One member of staff supported a person to have a cup of tea in the garden during a quiet period in the day. They chatted with them about their family which the person enjoyed as they were laughing and smiling. We observed staff communicating with people in a patient and caring way, offering choices and involving people in the decisions about their care. For example; at the lunchtime meal people’s preferences were respected.

People’s dignity and privacy were respected. We saw staff knocked on doors that were closed before entering people’s rooms. Where they were providing personal care people’s doors were closed. We saw how staff spoke to people with respect using the person’s preferred name. When staff spoke about people to us or amongst themselves they were respectful.

Staff gave people the time to express their wishes and respected the decisions they made. For example, we observed a member of staff offering a person a choice of drinks. They spoke calmly and gave them time to decide. The person’s choice was respected.

Requires improvement

Is the service responsive?

Our findings

People told us the service responded to their needs and wishespreferences. Comments included; "I think they do, they seem to know what I prefer", "I think they know my preferences but they are busy", "I think they do know what I like. They know I like to work with them", and "Yes, the staff know what I like". One relative said "I think they know how she likes to receive care by now"..

Staff we spoke with were knowledgeable about people's like's dislikes and preferences. One nurse said "This resident is very particular about their care so my staff know exactly how they like things done". They explained how the person wanted to be supported.

When we asked people if they had seen or been consulted with their care plans we received conflicting answers. One person said "They discussed my care plan with my husband. I did sign it". Another said "I did the care plan last September, I did feel involved, I think I signed it. I think it may have been updated in February this year". Some people had not seen their care plan. Comments included; "No, they don't ask me, they just come and do it. I don't know what a care plan is", "I haven't seen a care plan" and "No, I don't recall doing any care planning or anything".

People were assessed before coming to the home to ensure the service could meet their needs. The assessments covered all aspects of healthcare needs including nutrition, mobility, communication, hygiene and current medical condition. From these assessments care plans were created. Care documentation included a 'my life story' section. Some people had 'all about me' sheets in their bedrooms. Where completed they provided details about the person's personal life history. Some were completed, some were partly completed and some had not been completed at all. This meant some people did not have personal information recorded to assist staff to support them.

Most care plans were regularly reviewed and updated to reflect changes in people's circumstances. However, the lack of personal information in many care plans resulted in task focussed documents where emphasis was on what needed to be done with little or no information on who the person was and how they wished to be supported. We spoke to the registered manager about this who demonstrated they were already taking action to address this issue. They had identified these issues and a review of all care plans was underway.

People told us about activities in the home and we found conflicting opinions. Some people felt activities were good. Comments included; "Yes, they know I like flowers. I did some planting Begonias in hanging baskets in the garden. I like to listen to the pianist in the ball room. There was a film night this week", "There's usually things going on in the morning and afternoon", and "They tell you if anything is on but I prefer not to go". Other people were not positive about activities. Comments included; "I've never been on an outing since I've been here. They've never asked me. I could go in the garden", "I don't have any hobbies; I just sit here and watch the TV sometimes", "I haven't been out. The activities girl said she would take me in August" . A member of staff said "Sometimes residents don't get the time they need because we're short of staff".

The service employed three activities coordinators who arranged activities in the home. A weekly programme of activities was published and available to people and included arts and crafts, bingo gardening, manicures, church services and sing-a-longs. A hair salon was situated in the reception area for people to use. Outings outside the home were advertised in the homes monthly newsletter. For example, in June 2015 a trip to a flower festival and a visit to a local girl's school had been arranged. We observed some group activities during the day but we did not see any one to one activities taking place. Daily notes evidenced one to one sessions did occur but we could not see this was provided regularly. This could put people who stayed in their rooms at risk of social isolation.

The home had a large, well maintained garden area for people to enjoy. The garden was accessible for people who used wheelchairs. Despite the fine weather we only saw three people using the garden during our inspection. One member of staff said "They do go out but not that often. We don't have the staff". Some people chose not to go out. One said "My relatives usually take me out". Another said "Some go out but I don't". One person told us "I would just like some fresh air".

People knew how to raise concerns and were confident action would be taken. Comments included; "I have complained once. They sorted it out", "Yes, I would complain if needed, though I've never complained", "I

Requires improvement

Is the service responsive?

would have no concerns about making a complaint. I would feel comfortable doing that. There is a book on the wall which has complaint information in it" and "If my concern was serious I would raise it". One relative said "If there was an issue I would go to the manager. I haven't met the new one yet. There's complaints information in the handbook. I haven't made a complaint so far". There had been three complaints in 2015, all were dealt with in line with the services policy. Guidance on how to complain was available to people in the service user guide given to all people and their relatives.

People's opinions were sought to improve the service. Regular meetings were held where people could raise issues or concerns. For example, at one meeting some people expressed the wish to take part in the general election and vote. We saw that they had been supported to do this. Another person had asked that TV guides be provided for each unit at the home. Action was taken and guides were provided. People were also encouraged to complete 'working feedback' forms. We were told the results of this feedback would be published on the NHS choices website.

Not everyone we spoke with was aware of "Residents" meetings. Comments included; "They used to have relatives meetings every three months. We were not able to go to the last one because we were away. I don't think there have been any meetings recently", "They did have residents meetings, not sure if they still have them" and "I think there are meetings, I've never been". Meetings were advertised on notice boards but it was clear for some people and their relatives this information was not received. The last meeting was held in April 2015.

Good

Is the service well-led?

Our findings

There was a registered manager who took up their post in May 2015. Staff spoke positively about the registered manager. Comments included; "Seems approachable and definitely gets things done", "I don't really know them yet but I think they'll be really good for the home. I think they are approachable" and "I like her, I'm confident she will sort things out. We needed someone strong here and she is". One nurse said "I find the manager very supportive and I can go to her with any issue confident that something will be done". The registered manger was visible around the home and appeared approachable. The registered manager had a clear vision for the service and told us they were working towards making improvements in the home and said "I welcome the inspection as it will help me identify areas I need to focus on".

Regular audits were conducted to monitor the quality of service and learning from these audits was used to make improvements. For example, one audit identified the need for eye protection for staff where there was a risk of body fluids splashing into staffs eyes. We saw eye protection equipment was in place and available to staff. An audit of care plans had identified gaps in information relating to people's care and personal information. The registered manager had implemented a review of all care plans to rectify the situation which was currently in progress. Regular unannounced night visits to the home were conducted by senior staff and findings recorded.

Champions had been appointed for dementia, infection control, health and safety and dignity. Champions are a point of contact for people and other staff in relation to their speciality. Champions had received extra training allowing them to be a point of reference for other staff and give them oversight of their area. These staff had gained National Vocational Qualifications (NVQ) level two. The staff leading on dementia were now working towards NVQ level three. A nurse had oversight and coordinated champions.

The registered manager provided "Reflective meetings" for staff. This gave staff the opportunity to share learning and reflect upon incidents and events that happened in the home. For example, one meeting was held following a medicine error. Learning was shared to prevent reoccurrence. One member of staff said "They are useful. It helps us get better at our job". Learning was also shared through published bulletins. For example, an incident involving a person and their wheelchair was detailed and action and learning from the incident highlighted for staff. These bulletins were available to staff around the home.

Accidents and incidents were recorded and investigated. Results were fed to the provider who analysed the information to identify patterns and trends across the service. This information was then fedback to the home. For example, a cigarette disposal box had caught fire outside another provider home. Learning from the incident and preventative measures were highlighted to reduce the risk of fire at the home. The analysis was presented under the five domains the Care Quality Commission (CQC) inspects against and included information on falls, safeguarding and medicine errors.

There was a whistle blowing policy in place that was available to staff around the home. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Copies of the policy were on display in staff areas and gave guidance to staff on how to whistle blow.

The service worked in partnership with visiting agencies and had strong links with GPs, the pharmacist, district nurse and Care Home Support Service. One healthcare professional we spoke with said "Generally I find the service very good. There are good communications and I think they are transparent and honest".

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager of the home had informed the CQC of reportable events.

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	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **Regulation 18(1) The provider did not deploy sufficient staff to meet people's needs.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent **Regulation 11(1)(v) The registered person did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them in accordance with the Mental Capacity Act 2005.**