Orders of St John Care Trust

OSJCT Foxby Court

Inspection report

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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?	Outstanding
Is the service well-led?	Good

Overall summary

The inspection took place on 15 April 2015 and was unannounced.

OSJCT Foxby Court is registered to provide accommodation and personal care for up 46 older people. There were 45 people living at the service on the day of our inspection.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act, 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make

Summary of findings

decisions and where it is considered necessary to restrict their freedom in some way. This is usually to protect themselves. At the time of the inspection one person had an urgent DoLS authorisation in place.

People felt safe and were cared for by kind and caring staff. People received their prescribed medicine safely from staff that had the skills to do so. Staff knew what action to take and who to report to if they were concerned about the safety and welfare of the people in their care.

People were enabled by a designated activity coordinator to maintain their hobbies and interests, and build strong links with the local community.

People were given a choice of nutritious and seasonal home cooked meals. There were plenty of hot and cold drinks and snacks available between meals.

Staff were aware of people's choices and preferences. Staff had the skills to undertake risk assessments and planned people's personal, physical, social and psychological care needs. Staff had access to professional development, supervision and feedback on their performance.

Staff knew how to access specialist professional help when needed. People had their healthcare needs identified and were able to access healthcare professionals such as their GP or district nurse.

There were systems in place to support people and their relatives to make comments about the service or raise concerns about the care they received. People and their families told us that the manager and staff were approachable.

The registered provider had systems in place to monitor the quality of the service and make improvements.

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 safe.

There were enough staff on duty to meet people's needs.

Staff followed correct procedures when administering medicine.

Staff had access to safeguarding policies and procedures and knew how to keep people safe.

Good

Is the service effective?
The service was effective.

People were supported to make their own decisions and appropriate systems were in place to support those people who lacked capacity to make decisions for themselves."

People were cared for by staff that had the knowledge and skills to carry out their roles and responsibilities.

People were supported to have enough to eat and drink and have a balanced diet.

Good

Is the service caring?
The service was caring.

Staff had a good relationship with people and treated them with kindness and compassion.

People were treated with dignity and staff members respected their choices, needs and preferences.

Good

Is the service responsive?
The service was responsive.

People were at the heart of the service. They were enabled to take part in a range of innovative activities of their choosing that met their social needs and enhanced their wellbeing.

People's care was person centred and regularly assessed, planned and reviewed to meet their individual care needs.

A complaints policy and procedure was in place and people and their relatives knew how to complain. Complaints were addressed promptly and appropriately.

Outstanding

Is the service well-led?
The service was responsive.

The service had developed strong links with the local community.

The provider had completed regular quality checks to help ensure that people received appropriate and safe care.

Good

Summary of findings

There was an open and positive culture which focussed on people and staff, people and their relatives found the registered manager approachable.

OSJCT Foxby Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 15 April 2015 and was unannounced. The inspection team was made up of two inspectors.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

Before the inspection we looked at previous inspection reports and other information we held about the provider. We used this information to help plan our inspection.

During the inspection we looked at a range of records related to the running of and the quality of the service. This included four staff recruitment and induction files, staff training information, meeting minutes and arrangements for managing complaints.

We also looked at the quality assurance audits that the registered manager and the provider completed which monitored and assessed the quality of the service provided.

During our inspection we spoke with the registered manager, the area operations manager, the acting head of care, three members of care staff, the head cook, and the activity coordinator, ten people who lived at the service, four visiting relatives and three visiting healthcare professionals. We also observed staff interacting with people in communal areas, providing care and support.

We looked at the care plans for seven people. A care plan provides staff with detailed information and guidance on how to meet a person's assessed social and health care needs. In addition, we undertook a Short Observation Framework for Inspection (SOFI) at lunchtime. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Following our inspection we contacted the local authority for their views of the service and we spoke with the community nursing team leader about their experience of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said, "I feel safe and secure and if I need help they come." Another person said, "Staff are really nice and kind and I feel safe."

People's relatives told us that their loved ones were safe. One person's relative explained how they decided that the service was the right one for their relative. They said, "I looked at previous inspection reports carried out by the Care Quality Commission and spoke to other people locally before choosing this home. Staff make sure my relative is safe and comfortable."

The provider had policies and procedures in place to support staff to prevent people from avoidable harm, potential abuse and help keep them safe. People and their visitors had access to public information leaflets on safeguarding and signs of abuse.

Staff were aware of what to do if they suspected that a person was at risk of abuse. One member of staff said, "I'd report safeguarding to the manager and whistle blow to CQC." Another staff member told us, "I would ring the local safeguarding authority helpline."

Staff told us that they were encouraged to raise their concerns with the registered manger. One staff member told us that they had raised concerns and they had been managed sensitively by the registered manager. They added, "I received feedback on the outcome and there are no recriminations. I wouldn't hesitate to do it again. I felt supported."

People had their risk of harm assessed. We found that a range of risk assessments had been completed for each person for different aspects of care such as nutrition, moving and handling and falls. Care plans were in place to enable staff to reduce the risk and maintain a person's safety. We saw where a person's condition changed their risk of harm was reassessed and their plan of care reviewed.

There were systems in place to support staff when the registered manager was not on duty. Staff had access to an emergency folder that contained contingency plans to be actioned in an emergency situation such as a fire or electrical failure. We saw that people had a personal emergency evacuation plan that detailed the safest way to evacuate them from the service. Staff had access to on-call senior staff out of hours for support and guidance.

We looked at four staff files and saw that there were robust recruitment processes in place that ensured all necessary safety checks were completed to ensure that a prospective staff member was suitable before they were appointed to post.

We saw that each person had their care dependency levels assessed and a copy was kept in their care file. These dependency levels then informed the registered manager of how many staff with different skill levels were needed on each shift. We found that there were enough suitably trained, skilled and competent staff to deliver care to people to keep them safe. The registered manager told us that their staffing levels were good.

The acting head of care told us, "At the start of the day you look at who is on duty, what the resident's needs are and what activities are taking place and then delegate staff. That way I know everything is covered."

We observed that calls bells were answered straight away and care staff carried pagers linked to the main call system. This meant that care staff did not need to access the central call system monitor and this reduced the call bell response time.

People received their medicine from staff that were competent to do so. For example one person said, "Staff help me with my medicines and make sure I take them, otherwise I would forget."

One member of care staff told us that once care staff had received training in medicine management they then had their competency to administer medicine checked on three medicine rounds before they were allowed to administer medicine on their own. We found that people put their trust in staff to look after their medicines. We saw where a person lacked capacity to consent to receiving their prescribed medicines that a mental capacity assessment and best interest meeting had been undertaken. We found where a person managed their own medicine that a risk assessment had been carried out and that they had a care plan to support their independence with taking their medicine.

Good

Is the service safe?

We looked at individual medicine administration records (MAR) charts and noted that if a person had an allergy this was recorded.. At lunchtime we observed medicines being administered to people and noted that appropriate checks were carried out and the administration records were completed.

We found that medicines were stored safely in the clinical room. There was a log for the receipt of new medicines and a record of the disposal of unwanted stock. Medicines that required refrigeration were stored in a locked fridge. The fridge and clinical room temperatures were recorded daily and noted to be within acceptable limits. Staff had access to guidance on the safe use of medicines, the medicines policy with guidance on the covert use of medicines, self-administration of medicines and individual medicine information sheets.

We found that if staff had any concerns about a person's medicine that they contacted the person's GP for advice. One staff member told us that if there was an administration error made the person's GP was notified and staff also reported the incident to the registered manager who in turn investigated the error.

Good

Is the service effective?

Our findings

The registered provider had robust recruitment practices in place to appoint staff that would be capable to develop the knowledge and skills to deliver safe and effective care to people. We saw that newly appointed staff worked through an induction programme and they shadowed an experienced member of staff until they felt competent to work on their own initiative. Several volunteers supported the service and they also undertook an induction programme covering areas relevant to their role such as moving and handling, fire safety and how to use a wheelchair safely.

Staff undertook mandatory training in key areas, such safeguarding, deprivation of liberty and dignity. In addition, several staff were supported to work towards a nationally recognised qualification in adult social care and some staff had undertaken additional training in specialist subjects such as the care of a person living with dementia.

The registered provider took a proactive approach to training and developing staff and had their own training facility. This meant that when a training need was identified staff received that training. For example, we learnt that care staff were to be trained in catheter care. In addition, some staff had lead roles in key areas such as, moving and handling and infection control and others were dementia champions and helped to raise awareness and be a resource for their colleagues.

The day before our inspection care staff had attended training on how to take and record a person's life story. One person's relative told us that their family had completed the "about me" book with their loved one and a staff member the previous evening. This demonstrated that staff were quick to put their learning into practice.

We observed that people's consent to care and treatment was always sought by staff. People had signed their consent to share their information and have their photograph taken for identification purposes. Where a person lacked capacity to give their consent staff acted in their best interest and a mental capacity assessment had been undertaken with the registered nurse and the person's relative.

We spoke with the registered manager and nursing and care staff about their understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The MCA is used to protect people who might not be able to make informed decisions on their own about the care or treatment they receive. Where it is judged that a person lacks capacity then it requires that a person making a decision on their behalf does so in their best interests. We saw there was a policy to support the DoLS and MCA decision making processes. There was one person living at the service being cared for under a DoLS authorisation.

Some people had a do not attempt cardio pulmonary resuscitation (DNACPR) order at the front of their care file. A DNACPR is a decision made when it is not in a person's best interest to resuscitate them if their heart should stop beating suddenly. We looked at one DNACPR order and found that the decision had been discussed with the person and that they had an advanced care plan to support care staff to respect their decision.

We observed lunchtime and found a calm, relaxed and informal atmosphere in the dining room. People were offered a choice of main course and we saw that alternatives to the menu were available. There was a choice of homemade pudding, fresh fruit, yogurt and ice cream for afters. People sat in friendship groups and quietly chatted with each other. People had a good rapport with caring staff that were attentive to their needs. The head cook and care staff asked people several times if their meal was okay and if they needed anything else. We saw that portion size was adjusted to meet individual needs and there was very little food wastage. One person did not like to use cutlery and we observed them eat a balanced meal with their fingers. Staff helped the person to clean their hands after their meal. Other people with dexterity problems were provided with special crockery or adapted cutlery to help maintain their independence.

Written and pictorial menus were on display where people could see them. One person told us. "The food is good and I have a choice. They cook my favourite." Another person said, "It's very homely and we certainly get enough to eat. We always get a choice and if there isn't anything I like staff are really good at offering me something else." The head cook told us that they always tried to meet people's requests. For example, one person wanted a special chicken dish and staff ordered it from a nearby takeaway facility. The head cook added, "Whatever they want, they get."

The head cook explained how they provided a balanced diet for people and involved people in planning the menus.

Good

Is the service effective?

They had recently attended the resident's meeting and people told them what changes they would like to see in the summer menus. For example, requests were made for new potatoes, more salads and light foods like quiche. The head cook said, "People have a good rapport with staff, after all it is their home. I wouldn't want anyone come into my home and tell me when and what I can eat."

The head cook told us that they fortified some dishes to support people who may be at risk of weight loss or malnutrition. For example, we found that cream was added to custards and homemade soups and butter to mashed potatoes and sponge cakes. We noted that most dishes were homemade and made with fresh ingredients. People were provided with hot and cold drinks throughout the day and each lounge area had a snack bowl containing crisps, biscuits, cakes and chocolate. Fresh fruit was kept in the kitchen to keep it cool, but people could ask for it at any time.

People assessed as being at risk of malnutrition or dehydration had their food and fluid intake monitored and actions were taken. The head cook and senior care staff met once a week and discussed any changes to people's dietary needs. A senior member of care staff told us, "It's not just about food charts; it's about looking at why a person doesn't eat."

Some people were visited regularly by the community nursing team. One person told us that the district nurse came to see them because they had sore legs and they had given them special boots to wear. They said, "I wear the boots and then at night the carers come to make sure I'm not lying in the same position so as my skin doesn't get sore." Another person said, "My GP and the district nurse visited me a few days ago." One person's relative told us that if their loved one became unwell, that staff always took appropriate action and informed them if there was any change in their loved ones condition. They said, "The home are quick to contact other services. They then involve us in discussions if there is any change to their care plan."

We saw that staff sought the support of appropriate services. For example, where a person had experienced recurrent falls staff referred them to a falls clinic and asked their GP to review the person's medicines to ensure they had not contributed to their falls. Another person required specialist input to improve their mobility, that they had been referred to the physiotherapist.

We spoke with a visiting GP, who told us that staff were able to provide them with the information they needed about a person to help them make their clinical decision. They said, "I have no concerns about the quality of care people receive from a medical point of view."

Good

Is the service caring?

Our findings

We found that people were treated with kindness and compassion by caring staff. We spoke with a group of people who told us that staff were kind and caring and looked after them well. One person said, “Staff work very hard and look after people well.” Another said, “Staff are always kind and treat people with respect.”

We spoke with visiting relatives who informed us that staff were caring. One person’s relatives said, “Really pleased with their care. Staff are always kind and caring.” Another relative said, “They always treat my relative with dignity and respect. You never hear them speaking inappropriately to people.”

We found that people had care plans developed to meet their individual care needs. We spoke with the relatives of a person who was unable to speak with us. They told us that they were involved in their loved ones care plans and reviews and said, “We had a full review last week which everyone was involved in, we are fully involved.” We saw where another person required specialist crockery to enable them to maintain their independence at mealtimes that their care plan recorded that they ate from a lipped plate. We observed that this special plate was provided at lunchtime. The design of the plate prevented food from spilling off it when the person was trying to place food on their fork. This reduced the risk of disempowering the person and helped to maintain their dignity.

We observed a member of care staff take a caring and sensitive approach to a person living with dementia who was packing their belongings because they thought they were going home. The staff member chatted with the person about everyday things and the person then went for a walk with them about the service. We later saw the person at lunch and they were much calmer.

A senior carer said, “Our care plans are good, they are person centred. But we found we were focussing on the negative, we write what they can’t do, rather than what they can do. We are now working on turning these around. The focus is on being positive.” We looked at care plans for seven people and saw where able, that they had been involved in making decisions about their care.

We saw that people’s right to their privacy and personal space was respected. For example, one person who had trips out most days wanted to keep their personal possessions safe when they were not there. They had a risk assessment and care plan to support them to have the key to their bedroom door. We were told that this action reassured the person that no one would touch their personal belongings.

Leaflets on the role of the local advocacy service were on display. These provided care staff and people with information on how to access an advocate to support a person through complex decision making, such as permanently moving into the care home. We saw evidence in care files where a person had an advocate appointed to support them to make difficult decisions. .

Staff were able to tell us how they maintained a person’s privacy and dignity. One said, “It’s the little things that matter, like closing their curtains for personal care, or making sure their bed is tidy.” A senior carer said, “I treat the residents the way I would want my mum and dad treated.” Staff told us that privacy and dignity had a high profile within the service and was regularly discussed at their supervision sessions and at staff meetings. We observed that when staff interacted with people they spoke with them appropriately and treated them with dignity and respect at all times. Relatives told us that they could visit their loved one at any time and they were always made to feel welcome.

Outstanding ☆

Is the service responsive?

Our findings

We found that people were encouraged to spend their time how and where they wished. One person told us that they had a choice of how they spent their time. They said, "I like to spend time in my room reading, but it's nice to join in with everyone else at mealtimes." We noted that another person liked a "lie in" in the morning and did not want disturbed until they were ready to get out of bed. The information was recorded in the persons care plan and staff said they respected the person's right to not be disturbed until they were ready to get up.

Some people invited us to look at their bedroom. We found they were supported to personalise their bedroom with items from home such as small pieces of furniture, photographs and keepsakes.

People had their care needs assessed and personalised care plans were introduced to outline the care they received. Care was person centred and people and their relatives were involved in planning their care. For example, where a person required specialist input to improve their mobility we saw that they had been referred to the physiotherapist. We looked at the care file for a person who had breathing difficulties that impacted on their ability to mobilise freely. We saw they had care plans for breathing and mobility that cross referenced to each other. People's care files and risk assessments were reviewed each month and changes to their care needs were recorded.

The service was flexible and responded to people's individual needs and preferences and people were supported to follow their choice of activities and pastimes. We found that there were lots of events and activities and links with outside community. For example, we saw how one person was supported to maintain their independence outside the service. The person's hobby was photography and they liked to go out on their own every day and travel by bus to local towns. Staff had undertaken risk assessments with them and they had a care plan to support this activity. Safety measures had been put in place and they carried a card with their name and contact details to be used in an emergency.

The registered provider supported people to forge strong links with the local community and people were protected from the risk of social isolation. For example, we found that two people who were members of the Women's' Institute (WI) could no longer travel to their monthly evening meetings. The activity coordinator took a proactive approach and invited the local WI to have their meetings at the service. The activity coordinator said they now had regular monthly meetings attended by seven or eight people, where they discussed different topics and ate cake. In addition, some young adults from a local learning disability facility visit the service twice a week to help people with activities. In 2014 the service were winners in the Lincolnshire in Bloom competition and people had been actively involved in this success by planting the seeds, nurturing the plants and designing scarecrows.

We spoke with a person's relative who shared with us that their loved one who had a recent history of falls was not always able to reach their call buzzer when they were walking about their bedroom. Staff responded by giving the person a pendant to wear and the person agreed to a sensor mat by their bed. The registered manager informed us that the pendant system was part of the call system and staff carried a handset that identified who had called for assistance.

Another relative told us about the improvements their loved one had made since they moved into the service. They said, "They initially came in for respite care and stayed on. They have actually developed more in recent weeks. [My relative] become more interactive, [My relative] is happy here and stimulated with the activities."

We spoke with the activity coordinator who told us that they had received in-house training in preparation for their role and felt that they were continually learning and developing their role. They said that the provider had a network where all activity coordinators met regularly and learnt from each other. They told us that their working hours were flexible to meet people's needs. They said, "There is no need to be here at 9 o'clock in the morning when people are still getting up and having breakfast. I come in at 11 some days and stay later in the evening, it suits people better; it improves their quality of life." We saw that the activity coordinator was a positive influence on the service and shared their enthusiasm and understanding of people's needs and preferences with other staff.

We saw a variety of group and individual activities throughout the day. We spoke with four people who were sat together in one lounge area mid-morning. They were reading their daily newspapers and having a coffee and cake. One person summed up how they felt by saying, "It's

Outstanding ☆

Is the service responsive?

very peaceful in here." In another area of the service eight people were taking part in a group activity about proverbs. We saw that they were all encouraged to join in and there was good interaction between people and the volunteer who was leading the activity.

There was a dementia café where people and their visitors could help themselves to a hot or cold drinks. The café was decorated with objects of interest such as an open grate fireplace and brass pans and drinks were served in a china tea set. The café enabled people to reminisce about times gone by.

On the morning on our inspection three people travelled by taxi to a local country house and gardens to meet up with friends from other services for morning coffee. They were very excited about their excursion and one said, "I'm really happy to be going."

People told us that they recently had a designated nutrition and hydration week with daily focussed activities where they made bread and fruit smoothies, talked about their health and wellbeing and painted pictures of fruit and vegetables.

Staff we spoke with told us about the planning they were doing for the dementia awareness week to be held in May 2015. The purpose of the week was to raise awareness about dementia and was part of a national initiative from the Alzheimer's Society. Staff had made pledges of things they would do as a dementia friend to help people in their care enhance their sense of wellbeing and fulfil their social needs. For example, one staff member had pledged to take a person to the local supermarket.

We saw a copy of the complaints and concerns policy was available to people and their visitors at the main entrance. There was also a comments and suggestion box for people to give their thoughts on the service. We saw that these comments were responded to. People and their relatives told us that they were aware of the complaints process and knew how to complain. One person said, "I feel able to raise any concerns with the carers. I thought I had lost some personal items, but staff found them for me." Staff said that they learn from complaints and concerns raised and the registered manager gives them feedback.

Good

Is the service well-led?

Our findings

We found several examples of innovative practice where strong links had been forged with the local community to bridge the generation gap and for people to share their experiences and learn from others. For example, two social care students from a local college help with activities and children from a nearby school come to the service to sing with people. Furthermore, people from the service visit a local school for children with a learning disability to share their experience of education. The registered manager told us that they had a good relationship with the local community.

People were invited to regular meetings. We saw the minutes from the meeting held in April 2015 and found that twenty people, the activities coordinator and the head cook had taken part. Topics focussed on the needs of people, such as summer menus, developing the garden and trips out.

People and their relatives had access to a copy of the quality statement at the main entrance that focussed on the corporate values and behaviours of the provider. There was also a code of conduct for staff.

The head of care told us that they had a good team who were positive about their roles and staff were proud of their achievements. Staff told us that they received positive feedback from registered manager and praise where it was due.

Staff meetings were held for all groups of staff and staff were encouraged to participate. One staff member told us that they felt able to raise things at staff meetings. We looked at the minutes from five recent meetings and saw that the topics discussed were relevant to staff roles and responsibilities. For example, medicine administration was discussed with senior carers, security with night staff and fire safety and incidents at the health and safety meeting.

Staff were supported through regular supervision and appraisal. One member of care staff told us, “I have supervision meetings with the senior carer every six weeks and I find them really supportive and helpful.” The head cook told us, “I do supervisions and appraisals with my team and have group supervisions also. I have a good rapport with my staff.”

We found that the registered manager was visible, knew their staff and the people in their care. The people and their relatives that we spoke with knew who the registered manager was and knew them by name. We found that staff were motivated and positive about their roles. They told us that it was a good place to work and they were happy there. One member of staff said, “Manager is very approachable, really good, there if I need support.” Another staff member told us, “This is a good place to work. The manager and head of care are very approachable, they support me.” The manager told us that they were well supported by their team and their area operations manager. The registered manager told us that they would like to spend more time with their staff but had to balance that with their managerial responsibilities.

We found that when staff raised concerns the registered manager responded appropriately. For example, a member of care staff told us that they had raised a concern and some staff did not realise that it had been dealt with, because the registered manager and senior staff had acted diplomatically, sensitively and professionally.

A programme of regular audit was in place that covered key areas such as health and safety, medicines and infection control. An action plan was produced to address any areas in need of improvement. The manager told us that the outcome of the audits were shared with staff. We found that the manager had the leadership skills to support their staff to continually improve the quality of care within the service.

Staff had access to policies and procedures on a range of topics relevant to their roles, For example, we saw policies on safeguarding, nutrition, tissue viability and moving and handling. Staff were aware of the whistle blowing policy, knew where to find it and knew how to raise concerns about the care people received with the registered manager, local authority and CQC. We found that previous safeguarding concerns had been investigated by the registered manager and appropriate actions had been taken.