

The Orders Of St. John Care Trust

OSJCT Skirbeck 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?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

OSJCT Skirbeck Court is registered to provide accommodation and personal care for 39 older people and people who live with dementia.

The service was run by a charitable body that was the registered provider. 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 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. In this report when we speak about both the charitable body and the registered manager we refer to them as being, 'the registered persons'.

At the last inspection the service was rated Good.

At this inspection we found the service remained Good.

This inspection was unannounced and was carried out on 7 February 2017.

Staff knew how to keep people safe from the risk of abuse and they helped to prevent avoidable accidents. People received the medicines they had been prescribed and registered persons were taking action to ensure that medicines were consistently stored in the right way. There were enough staff on duty to provide people with the care they needed and background checks had been completed before new staff had been appointed.

Staff knew how to support people in the right way. People enjoyed their meals and they had been helped to eat and drink enough. People had been helped to obtain all of the healthcare assistance they needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Policies and systems in the service supported this practice.

People were treated with compassion and respect. Staff recognised people's right to privacy and promoted their dignity. Confidential information was kept private.

People had been given all of the care they needed and wanted to receive. They had been supported to pursue their hobbies and interests. There was a system for quickly and fairly resolving complaints.

People had been consulted about the development of their home. Quality checks had been regularly completed to ensure that people received safe care. Staff were supported to speak out if they had any concerns and good team work was promoted. People had benefited from staff acting upon good practice guidance.

Further information is in the detailed findings below

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 remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

OSJCT Skirbeck 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 was planned to check whether the registered persons continued to meet 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.

Before the inspection, the registered persons completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the local authority who contributed to the cost of some of the people who lived in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 7 February 2017. The inspection team consisted of one inspector and the inspection was unannounced.

During the inspection we spoke with 10 people who lived in the service and with two relatives. We also spoke with four care workers, a senior care worker, the activities coordinator, a senior housekeeper and the chef. In addition, we met with the learning and development advisor, the registered manager and the operations manager. We observed care that was provided in communal areas and looked at the care records for five people who lived in the service. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

In addition, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who found it difficult to speak with us.

Is the service safe?

Our findings

People said that they felt safe living in the service. One of them said, "The staff here are all very kind and helpful. As long as they're here I've no concerns."

Records showed that staff had completed training and had received guidance in how to keep people safe from situations in which they might experience abuse. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. Staff were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. They knew how to contact external agencies such as the Care Quality Commission and said they would do so if they had any concerns that remained unresolved.

Records showed that since our last inspection the registered persons had protected a person who lived in the service from the risk of financial mistreatment. They had done this because concerns had been raised about how well the person was being supported to manage their finances by someone who was not connected with the service.

We saw that steps had been taken to help people avoid preventable accidents. Hot water was temperature controlled in order to reduce the risk of people being scalded and radiators were fitted with guards. Other examples were people being provided with equipment to help prevent them having falls including walking frames and raised toilet seats. Records of accidents and near misses showed that most of them had been minor. They also showed that the registered manager had established what had happened on each occasion so that action could be taken to help prevent them from happening again.

We found that there were reliable arrangements for ordering, dispensing and disposing of medicines. There was a sufficient supply of medicines and staff who administered medicines had received training. We saw them correctly following written guidance to make sure that people were given the right medicines at the right times. Although medicines were stored securely we noted that they were not always kept at the right temperature to maintain their therapeutic effect. The operations manager assured us that steps were being taken to address this problem as quickly as possible.

People who lived in the service said that there were usually enough staff on duty to promptly provide them with the care they needed. However, they also said that the service was often short staffed in the early morning period resulting in them sometimes having to wait for assistance. Although we did not see people waiting to receive care, we raised the matter with the registered manager. They told us that they would look into the matter and that if necessary the number of staff on duty at busy times of the day would be increased.

Records showed that the registered persons had completed background checks on new staff before they had been appointed. These included checking with the Disclosure and Barring Service to show that applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. Other checks included obtaining references from relevant previous employers. These measures helped to

ensure that applicants could demonstrate their previous good conduct and were suitable to support the people in their home.

Is the service effective?

Our findings

People were confident that staff knew what they were doing. They told us that staff were reliable and had their best interests at heart. One of them said, "I find the staff to be very good indeed and all of them are the kind sort of people you want in a home like this." Relatives were also confident that staff had the knowledge and skills they needed. One of them said, "I have a very high regard for the staff. I can see that they know my family member really well and give them all of the assistance they need."

Records showed that staff had received all of the guidance and training they needed. We noted that staff knew how provide people with the care they needed. Examples of this were helping people to keep their skin healthy and to promote their continence.

People told us that they enjoyed their meals and we noted that staff were ensuring that people had enough nutrition and hydration. People had been helped to monitor their weight and when necessary staff were discreetly checking to make sure that they were eating and drinking enough to keep their strength up.

People said and records confirmed that they received all of the help they needed to see their doctor and other healthcare professionals such as dentists and opticians. A relative spoke about this and remarked, "The staff are certainly on their toes and they contact the doctor without delay if my family member needs medical attention."

We found that the registered manager and staff were following the Mental Capacity Act 2005 by supporting people to make decisions for themselves. They had consulted with people who lived in the service, explained information to them and sought their informed consent. An example of this occurred when we saw a member of staff explaining to a person why it was advisable for them to take all of the medicines that their doctor had prescribed for them.

Records showed that when people lacked mental capacity the registered manager had ensured that decisions were taken in people's best interests. An example of this was the registered manager liaising with a person's relative so that arrangements could be made for them to enjoy drinking a non alcoholic wine that did not involve them becoming unwell.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the registered persons had applied for a number of DoLS authorisations. This had ensured that only lawful restrictions were used in the service that respected people's rights.

Is the service caring?

Our findings

People were positive about the quality of the care they received. One of them said, "The staff are first class here, they really are very helpful and I hold them all in high regard". We saw another person who lived with dementia and who had special communication needs beckon towards a member of staff. They then linked arms with them and smiled as a sign of appreciation.

We saw that people were being treated with respect and in a caring and kind way. Staff were friendly, patient and discreet when caring for people. They took the time to speak with people and we witnessed a lot of positive conversations that promoted people's wellbeing. An example of this occurred when a person became worried because they could not remember how to find their bedroom. A member of staff noticed this and quietly reminded the person about the location of their bedroom after which they walked with them until the person recognised where they were.

Staff knew about the care people needed, gave them time to express their wishes and respected the decisions they made. An example of this was a person who needed extra assistance to make and receive telephone calls from their relatives. We saw that staff had liaised with the relative so that the person knew when to expect a telephone call. We also saw that staff had assisted the person to go to their bedroom in plenty of time so that they were ready to take the call.

Staff recognised the importance of not intruding into people's private space. Bathroom and toilet doors could be locked when the rooms were in use. People had their own bedroom which they had been encouraged to make into their own personal space. Staff knocked and waited for permission before going into bedrooms, toilets and bathrooms. They also made sure that doors were closed when providing personal care.

We found that people could speak with relatives and meet with health and social care professionals in the privacy of their bedroom. In addition, the registered persons had developed links with local lay advocacy services who can support people to make decisions and to communicate their wishes.

We noted that written records which contained private information were stored securely. In addition, computer records were password protected so that they could only be accessed by authorised staff.

Is the service responsive?

Our findings

People said that staff provided them with a wide range of assistance including washing, dressing and using the bathroom. One of them remarked, "The staff here give me all the help I need and they're always around." Another person who lived with dementia and who used sign assisted language walked over to hold hands with a member of staff after which they gave a 'thumbs up' sign to show us that they valued the support they received.

We noted that staff had consulted with each person about the care they wanted to receive and had recorded the results in an individual care plan. These care plans were regularly reviewed to make sure that they accurately reflected people's changing wishes. Records confirmed that each person was receiving the assistance they needed as described in their individual care plan.

We also saw that people were helped to safely manage specific medical conditions. In addition, staff promoted positive outcomes for people who lived with dementia so that they were promptly supported when they became distressed. We noted that staff had been given additional help to provide this care in the right way. This involved a specialist nurse who was employed by the registered persons regularly visiting the service. This enabled them to provide both staff and relatives with advice and guidance.

Staff understood the importance of promoting equality and diversity. This included people being offered the opportunity to meet their spiritual needs by attending a religious ceremony that was regularly held in the service. We also found that suitable arrangements had been made to respect each person's wishes when they came to the end of their life. This had included establishing how relatives wanted to be supported to acknowledge and celebrate their family member's life. It also included arrangements being made for relatives to stay over-night in the service if they wanted to be nearby to provide comfort and support.

People told us that there were enough activities for them to enjoy. Records confirmed that people were offered the opportunity to enjoy taking part in a range of social events. These included activities such as arts and crafts, quizzes and gentle exercises. We also noted that people had been offered the opportunity to enjoy a holiday away from the service.

People said that they would be willing to let staff know if they were not happy about something and we saw that they had been given a written complaints procedure. Records showed that the registered persons had not received any formal complaints since our last inspection.

Is the service well-led?

Our findings

People who lived in the service and their relatives considered the service to be well run. One of the relatives remarked, "I'm completely confident that the service is very well run. The staff are friendly but not too much so. They're professional but kind at the same time and my family member is very well cared for."

People said that they were asked for their views about their home as part of everyday life. We also noted that people had been invited to attend residents' meetings at which staff supported people to suggest improvements to their home. We noted a number of examples of suggested improvements being put into effect. One of these had been changes that had been made to the menu so that it continued to reflect people's changing preferences. Other improvements included staff and some relatives painting and 'brightening up' the summer house. In addition, we noted that new raised flower beds had been created and a fish pond had been constructed. Furthermore, records showed that people had been invited to comment on how best to spend some of the money that had been accumulated in the amenities fund.

Records showed that the registered persons had regularly checked to make sure that people were reliably receiving all of the care they needed. These checks included making sure that care was being consistently provided in the right way, medicines were being dispensed in accordance with doctors' instructions and staff had the knowledge and skills they needed. We also noted that regular checks were being made of the accommodation so that any breakages or other damage could be identified and quickly repaired. In addition, equipment such as hoists and wheelchairs were being checked to make sure that they remained in good working order.

We found that staff were being provided with the leadership they needed to develop good team working practices. These included there being handover meetings at the beginning and end of each shift when developments in each person's needs for care were noted and reviewed. In addition, there was an open and inclusive approach to running the service. Staff were confident that they could speak to the registered persons if they had any concerns about another staff member.

We also noted that people who lived in the service had benefited from staff acting upon good practice guidance. An example of this was the registered manager attending a workshop to share good ideas about how to support people who live with dementia. This had resulted in staff being provided with additional guidance and we saw a number of examples of staff promoting positive outcomes for the people concerned. One of these was a person who lived with dementia being gently encouraged to enjoy colouring in some of their favourite pictures.