The Orders Of St. John Care Trust

OSJCT Langford View

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

Langford View is a nursing home run by The Orders of St John Care Trust. The home provides support and nursing care for up to 60 older adults. This includes support for people living with dementia.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good

At our previous inspection on 22 October 2015. We identified that the service did not always maintain accurate medicines administration records (MAR). This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the registered manager had made significant improvements to address our concerns. MAR were completed to show when medication had been given. People's medicines were managed safely and kept under regular review.

People told us that they felt safe. Staff were aware of how to safeguard people from harm and were aware of potential risks and signs of abuse. There were sufficient staff to meet people's needs

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

People's health care needs were taken care of and they had access to a range of healthcare professionals. Where required, appropriate referrals were made to external health professionals such as G.P's or therapists. People told us they enjoyed the food provided by the home.

People and their relatives were very complimentary about the staff and management at the home. They told us staff were kind, caring and compassionate. Staff members, including the management team, were knowledgeable about individuals' care and support needs and preferences.

The provider had systems in place to receive feedback from people who used the service, their relatives, and

staff members about the service provided. People were encouraged and supported to raise any concerns with staff or management and were confident they would be listened to and things would be addressed.

There was an open and inclusive culture in the home and people, their relatives and staff felt they could approach the management team and were comfortable to speak with the registered manager if they had a concern.

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 has improved to Good.

People's medicines were managed safely and kept under regular review.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

OSJCT Langford View

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 13 February 2018 and was unannounced. This inspection was conducted by one inspector, a specialist advisor, whose specialism was nursing and expert by experience (ExE). An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, 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 improvements they plan to make. We looked at previous inspection reports and notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern.
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 could not talk with us.

We spoke with eight people, five relatives, two nurses, five care staff, the registered manager and the operations manager. We looked at ten people's care records, five staff files and medicine administration records. We also looked at a range of records relating to the management of the service.

Good

Our findings

At our previous inspection on 22 October 2015. We identified that the service did not always maintain accurate medicines administration records (MAR). This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found there was accurate recording of the administration of medicines. Medicine administration records (MAR) were completed to show when medication had been given.

People received their medicines as prescribed. Staff administering medicines checked each person's identity and explained what was happening before giving people their medicine. This ensured people received the right medicine at the right time. Medicine records were completed accurately. Medicines were stored securely in a locked cabinet and in line with manufacturer's guidelines. One person we spoke with told us, "The carers give me my tablets on time at meal times". Medicines administered 'as and when required' included protocols that identified when medicines should be administered. Staff had a clear understanding of the protocols and how to use them.

People told us they felt safe. One person told us "I love it here. I feel good, I can ask things and the carers are very helpful. I have been here two years now and feel quite settled. Another person said, "I am a loner, but am very happy here. I have never wanted to mix all my life. I am content and safe". A relative we spoke with told us "I feel that my wife is well looked after here".

People experienced care in a safe environment because staff were aware of how to safeguard people from avoidable harm and were knowledgeable about signs of potential abuse. Staff were able to describe the process for reporting concerns both within the service and externally, if required. One staff member told us "Report it, tell the senior who reports to the manager who [liaises with] the local authority safeguarding".

We saw there was Information about how to report concerns, displayed in areas of the home, which reminded staff of the contact numbers they needed to report concerns. Staff were also reminded of who to contact and what action to take in the event of an untoward incident such as a fire, flood or gas leak. We spoke with a member of staff who was able to demonstrate a good knowledge of what to do in the event of an emergency situation. These additional systems demonstrated that the provider had taken appropriate action to help ensure that people were protected from abuse and harm.

Accidents and incidents were recorded and regularly reviewed to ensure any learning could be discussed and shared with staff to reduce the risk of similar events happening. For example, following a number of

incidents that involved a person experiencing difficulties with their mobility during transfers. The registered manager made a referral to the Care Home Support Service (CHSS). This person's care plan contained details of recommendations made by CHSS and we saw staff were following the recommendations. As a result there were no further incidents.

People's care plans contained risk assessments, which included risks associated with moving and handling, falls, medication and pressure damage. Where risks were identified plans were in place to identify how risks would be managed. For example, one person was at risk of pressure damage. The person's care record gave guidance for staff on the use of pressure relieving equipment and to carry out frequent observations. This person's care record gave clear guidance for staff to report any changes to the person's skin integrity to healthcare professionals. Staff we spoke with were aware of this guidance and told us they followed it. A visiting healthcare professional told us, "They will call us quite regularly for advice, especially advice about pressure care. They are very, very good and proactive about managing risk".

People, relatives and staff told us there were enough staff to meet people's needs. One person told us, "They are there straight away if I need help". A relative said, "There are always staff about". A staff member told us, "I feel we have enough staff". We observed, and staffing rotas confirmed, there were sufficient staff to meet people's needs. The registered manager used a 'dependency tool' when carrying out initial assessments on peoples care needs. This enabled the registered manager to calculate the right ratio of staff against people's needs. We saw that this was reviewed regular by the management team. On occasions where staffing levels had not been achieved the registered manager had taken appropriate action to access additional staffing. During the day we observed staff having time to chat with people. Throughout the inspection, there was a calm atmosphere and staff responded promptly to people who needed support.

Safe and effective recruitment practices were followed to help make sure that all staff were of good character and suitable for the roles they were employed for. We checked the recruitment records of five staff and found that all the required pre-employment checks had been completed prior to staff commencing their employment. This included a completed application form, two written references and disclosure and barring service (DBS) checks.

People were protected from the risk of infection. The premises and the equipment were clean, and staff followed the provider's infection control policy to prevent and manage potential risks of infection. Colour coded equipment was used along with personal protective equipment (PPE). PPE equipment, such as aprons and gloves were available and used by staff. We observed good hand hygiene practices. Wall mounted hand sanitizers were filled and were available throughout the home, and in the individual rooms of people with high levels of dependency.

Good

Our findings

The service continued to provide effective care. People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. New staff were supported to complete an induction programme before working on their own. This included training for their role and shadowing an experienced member of staff. Staff completed training which included: infection control, moving and handling, dementia, safeguarding, equality and diversity and Mental Capacity Act. One person told us, "The team here is very good". A staff member said, "We get lots of training and development".

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. Staff had received training about the MCA and understood how to support people in line with the principles of the Act.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the home was meeting the requirements of DoLS.

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, one person's care record gave guidance for staff on how best to support a person with swallowing difficulties.

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included the GP's and occupational therapists. Visits by healthcare professionals, assessments and referrals were all recorded in people's care records. One person told us, "The GP comes once a week and we can ask to see him".

People told us they enjoyed the food provided by the home. One person told us, "There's nothing wrong with the food and you can have whatever you want". People were offered a choice of meals from the menu. People who needed assistance with eating and drinking were supported to have meals in a dignified way by attentive staff. We observed staff sitting with people and talking to them whilst supporting them to have their meals at a relaxed pace that matched the needs of the people they were supporting.

Where people required special diets, for example, pureed or fortified meals, these were provided by kitchen staff who clearly understood the dietary needs of the people they were catering for. We observed kitchen staff and care staff communicating effectively about people dietary requirements.

Good

Our findings

People continued to benefit from caring relationships with staff. One person told us, "I love it here. I feel good as I can ask things and the carers are very helpful". Another person said, "I love it here. Everyone is nice". A relative said, "I feel that my wife is well looked after here. She is often smiling. The staff are very friendly".

Staff we spoke with described how the caring culture of the service was supported by the provider and the registered manager. One staff member said, "[Registered manager] and [Provider] constantly remind us that care should be person centred and matched to peoples individual needs".

People were involved in their care. Care plans demonstrated that people were involved in developing their care plans. We saw evidence that care plans were reviewed regularly. One person said, "We go through things every now and again". "They always ask me if everything is alright and how it should be".

People were treated with dignity and respect. When staff spoke about people to us they were respectful and they displayed genuine affection. Language used in care plans was respectful. People told us they were treated with dignity and respect. One person told us, "The carers knock on my door before coming in. They keep towels on me after a wash and shower to keep me dry and private".

People were supported to remain independent. One staff member described how they supported a person with mobility difficulties to maintain their independence. We spoke with this person and they told us, "They let me walk a little way with my walker, but they are always beside me so that I feel more confident and safe". Another person said, "I can go out into [local town] to meet up with friends, so long as I tell them".

People's personal and medical information was protected. The provider's policy and procedures on confidentiality were available to people, relatives and staff. Care plans and other personal records were stored securely.

Good

Our findings

The service continued to be responsive. People's care records contained details of people's personal histories, likes, dislikes and preferences. People's care plans guided staff on promoting independence. For example, people's care records gave guidance for staff on supporting people to be independent during personal care tasks that matched their individual wishes and needs.

Staff we spoke with were knowledgeable about the person centred information with people's care records. For example, one member of staff we spoke with told us about a person's favourite pastimes and the person's spiritual needs. The information shared with us by the staff member matched the information within the person's care plan. We saw evidence of how one person who first language was not English had been supported to attend language sessions.

People's diverse needs were respected. Discussion with the registered manager and staff demonstrated that the service respected people's individual needs. The registered manager described people's individual diverse needs and how people were supported to follow their own faiths and religions. A staff member we spoke with told us, "Every individual is unique and has individual care needs. That's when care truly becomes person centred". The provider's equality and diversity policy supported this culture.

The service was responsive to peoples changing needs. For example, during our inspection we observed staff recognising that one person had developed a chesty cough and a change in their breathing. Staff reported this to their seniors and as a result a GP appointment was arranged for that afternoon. The impact of this was that the person's health needs were addressed.

People knew how to raise concerns and were confident action would be taken. One person we spoke with told us, "I have not needed to make a complaint, but I would be happy to talk to the carers or the manager". Systems were in place to record and investigate complaints. Records showed there had been four complaints since our last inspection. Complaints had been dealt with in line with the provider's policy.

At the time of our inspection there was no one receiving 'end of life' care. However, the registered manager was able to evidence how the service had previously recorded and respected people's preferences and wishes. Records confirmed that people's funeral wishes in relation to burials, cremations and family arrangements had been discussed with people.

Good

Our findings

The service continued to be well-led. 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.

People were positive about the service and the registered manager. One person told us, "[Registered manager] is very good". One relative said, "I have a lot of confidence in [registered manger]". Staff told us the service was well-led, open and honest. One staff member told us, "She [registered manager] is always getting involved in the day to day things. Another staff member said, "[Registered manager] has supported me to grow in confidence".

The provider and the registered manager monitored the quality of the service provided. A range of audits were conducted by the registered manager that included, care plans, risk assessments medication and the day to day running of the service. The provider and registered manager also monitored accidents and incidents and analysed information to look for patterns and trends. Findings from audits were analysed and actions were taken to drive continuous improvement. For example, a recent audit of medicines records had identified shortfalls in people's MAR charts. We saw evidence that initially the information from the audit was cross referenced with people's daily records to ascertain that people had received their medicines as prescribed. Once the registered manager was confident that people had received their medicines, they then addressed this with staff. As a result the standard of records improved.

There was a whistleblowing policy in place that was available to staff across the service. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistleblowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening. A staff member told us "I would have no problems using [whisltleblowing] but I can't imagine ever having to use it. I know [registered manager] would act immediately.

The service had strong links with the local community. We saw evidence that people from the community were invited to attend activities run by the home. The registered manager worked in partnership with external agencies such as GPs, district nurses, social services and the local authority.