

The Orders Of St. John Care Trust

OSJCT The Elms

Inspection report

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Date of inspection visit:
06 March 2020
09 March 2020
10 March 2020

Date of publication:
30 March 2020

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

The Elms is a 'care home' registered to provide accommodation and personal care for up to 45 older people, including those living with dementia. At the time of our visit, 41 people were using the service.

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

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

People were safe. Risks to people were assessed, monitored and well managed. A person told us, I'm confident [name of person] is safe here."

Staffing levels met people's personalised care needs. The provider had robust systems in place to prevent the spread of infection and to ensure people received their medicines safely and as prescribed. The home was clean, tidy and free from unpleasant odours.

Staff recognised people as individuals and worked to ensure people felt fulfilled and had access to a range of activities and social stimulation that met their individual needs and preferences.

People's care plans contained detailed, personalised information that the management team kept under constant review. The manager and provider carried out regular checks on the quality and safety of the service and understood their regulatory responsibilities.

People were supported to access health and social care professionals. Dietary needs were assessed, and guidance provided in care plans. People received enough food to eat and drink. People told us they thought the food was of good quality.

People received quality care that contributed to their wellbeing. Caring relationships were formed between staff and people due to the approach and continuity of staff. People were treated with dignity and respect. One person told us, "I can honestly say that the staff are the nicest people I have ever been with."

People and their relatives gave positive feedback about the service and its managers. Staff were also positive, stating the manager was open and supportive. A member of staff told us, "This is a lovely place to work, the residents are amazing and the staff I work with are amazing."

People's communication needs were identified and planned for. The service had a clear process for managing complaints. People and their relatives expressed confidence they could raise any issues or concerns and that these would be addressed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good. Published (03 March 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Please see our safe findings below.

Is the service effective?

Good ●

The service was effective.

Please see our effective findings below.

Is the service caring?

Good ●

The service was caring.

Please see our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Please see our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Please see our well-led findings below.

OSJCT The Elms

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Service and service type

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

The service did not have a manager who was registered with the Care Quality Commission. A manager was in post and was in the process of registering to become a registered manager. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

Inspection team

The inspection was carried out by one inspector.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We reviewed feedback we had received from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke

with six members of staff; the operations manager, the manager, the deputy manager, the activities lead and two members of care staff. We also spoke with two relatives of people living at The Elms. We reviewed a range of records. This included three people's care records and multiple medicines records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We reviewed and analysed all the information gathered during the inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The manager understood their responsibilities to report incidents of safeguarding to the local authority and CQC.
- People and their relatives told us the service was safe. One relative told us "I certainly feel dad is safe here. We know he is warm, safe and well-fed."
- There were systems in place to protect vulnerable people from the risk of abuse. Staff received training in safeguarding adults and were able to describe steps they would take to identify and report potential abuse. A member of staff told us, "If a resident reported a concern, I would report to my line manager or the home manager. I would have to tell the person I needed to report it, even if they asked me to keep it a secret. I would also document everything I had been told."

Assessing risk, safety monitoring and management

- Risks to people were appropriately assessed and monitored. Risk assessments were person-centred and reviewed regularly. Staff used nationally recognised tools such as the malnutrition universal screening tool (MUST) and a risk assessment tool to assess and reduce risks in relation to choking.
- Risks in the environment were assessed and regular checks were completed to help ensure people's safety in relation to security, fire safety and evacuation. The provider had taken steps to ensure people were safe from the risks from falling from a height, as all windows openings were restricted. Equipment such as hoists, and fire safety equipment were regularly serviced and checked.

Using medicines safely

- Medicines were administered to people as prescribed. The medicine administration records [MARs] were used by nursing staff to record when people were supported with their medicines.
- The provider's medicines policy guided staff to ensure people's medicines were administered in line with their individual needs. The service had a clear PRN (as required medicines) policy. Records in relation to the administration of PRN medicines were clear.
- Controlled medicines were stored and managed safely. Records in relation to stock control and the administration of controlled medicines had been completed as required. Boxed and bottled medicines had a record of when they had been opened and when they would expire. This helped ensure people were given their medicines as prescribed and in line with the manufacturer's instructions.

Staffing and recruitment

- The provider's recruitment process was robust to ensure skilled and experienced staff were employed at The Elms. Pre-employment checks were completed on staff before they came to work at the service. These checks included conduct in previous roles, the right to work in the UK, proof of identity and a criminal record

check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working in care services.

- The service had a robust induction process for new staff. During our inspection we observed the first day induction of two care staff. We saw how they were given a tour of the premises by the manager and had a clear plan of required activities to complete such as online training and an overview of how the fire alarm system worked.
- There were enough staff on duty. The staff rota for the days we were on inspection accurately reflected the numbers of staff on duty. The manager and provider told us that they were actively recruiting staff to ensure the required numbers of staff were available to meet the needs of people.
- Where agency care and nursing staff were used, these staff, where possible had worked at the service and knew the needs of people. Where new or inexperienced agency staff were used, there was a robust handover sheet and mentor system used, that ensured people were supported safely.

Preventing and controlling infection

- Effective cleaning practices were in place. The home was visibly clean and tidy throughout. Staff had received training in infection control practises.
- There was a supply of personal protective equipment (PPE) to help minimise the risk of cross infection. A member of staff told us, "We know we need to take responsibility for our own hygiene such as hand washing and use of PPE. The home has clear policies and procedures for disposing of waste, so we need to follow them."

Learning lessons when things go wrong

- The provider and manager had a process in place to ensure lessons were learnt when things went wrong. For example, the manager carried out a review of falls and incidents so lessons could be learnt and to prevent reoccurrences.
- Accidents and incidents were reported then followed up by the manager or provider. Analysis of the information to identify themes was undertaken, and action was taken to reduce the risk of reoccurrence.
- People's risk assessments and care plans were updated after accidents and incidents to ensure that the measures in place to reduce risk of harm were effective.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider ensured a detailed assessment of people's needs was undertaken before they came to live at The Elms. This was to make sure people's needs could be fully met and the home had a detailed understanding of how they wanted their support to be provided. Any protected characteristics under the Equality Act 2010 were identified, such as religious and cultural needs and lifestyle preferences.
- There was a holistic approach to assessing, planning and delivering care and support. Best practice guidance had been referred to. For example, people's skin integrity was measured against any significant risk factors such as the person's age and weight. Care and support plans were regularly reviewed which helped ensure that staff could continue to meet people's changing needs.
- Staff we spoke with clearly knew the support needs of the people they were supporting. We observed a variety of staff interacting and supporting people throughout our inspection. All interactions were person centred, caring and met the person's assessed needs as detailed in the persons care plan. A staff member told us, "I absolutely love my job. I love working with people, as I find them fascinating. I enjoy finding out about people and then get to know them more. It's about the life they've led, but also what more we can do with them. If they give me the chance."
- Relatives we spoke with, told us people's needs were met effectively. One relative told us, "The home know when I am visiting and ensure that dad is always washed, dressed and sat ready for when I arrive. I have to come early so that's important."

Staff support: induction, training, skills and experience

- People were supported by staff who were competent and had the skills and knowledge to care for their individual needs. Staff who were new to their role undertook the Care Certificate, a nationally recognised qualification for staff new to working in care and received support from experienced members of staff before working on their own.
- The manager had a clear overview of the training needs of the staff team and had ensured that current best practise guidance was embedded within training. For example, they had ensured that staff were trained in meeting the oral hygiene needs of people using the service in line with recent CQC guidance.
- Staff told us they felt supported. They received regular supervision and checks of their competency. This included feedback about their performance and enabled them to discuss any concerns and areas of training and development. A member of staff told us, "I am due to have a supervision and appraisal. We have conversations about training and other issues, it's useful to highlight issues and helps you get to know your colleagues better." Another said, "I know the company put a lot into ensuring staff are trained to do what they need to do."

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

- People who were at risk of poor nutrition and dehydration had plans in place to monitor their needs closely and professionals were involved where required, to support people and staff.
- Staff supported and encouraged people to eat. Kitchen staff clearly knew and understood people's individual needs and ensured these needs were met through the preparation of pureed or mashed food for people with swallowing difficulties or those on specialist diets. A member of staff told us, "Anyone with a high risk such as choking, we continue to discuss these people in handover."
- We observed lunch and found this was a positive experience for people. People told us they enjoyed the food. One person told us, "The food is alright, I really like the chocolate puddings." Another person said, "Lunch was very nice. I can't complain about the food at all."

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

- People's day to day oral health needs had been met and there were no reports of people experiencing dental pain. Each person had an oral health assessment tool as part of their care plan.
- People were supported to access a range of healthcare professionals. Records showed these included GPs, opticians, district nurses, speech and language therapists and tissue viability nurses. People confirmed they attended health care appointments. One person told us, "I know I can see a GP if I wanted to."

Ensuring consent to care and treatment in line with law and guidance The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider and manager understood the principles of the MCA and how to protect people's rights. Appropriate DoLS applications had been made in a timely manner by the service.
- People told us they had been asked for their consent to use their image for publicity when coming to live at The Elms. One person told us "I was asked about my consent for them to use my photograph which I agreed to." We observed staff routinely asking for consent from people before they provided care and support.
- Where people lacked capacity to make decisions for themselves there was a clear record of their capacity to make the decision.
- Best interest assessments were in place for a range of decisions and had been recorded in a way that clearly showed the involvement of people and their representatives. A staff member told us, "We encourage residents to make decisions. There is a section in the care plan about this. It tells you what decisions a person can make. Some People have a DoLS and we would need to make decisions for them. For complex decisions some people have a family member who might have the power to make decisions on their behalf."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's and relatives views about the staff were positive. Comments included, "Everybody seems very friendly.", "It's all very nice." and "Staff will always welcome my wife when she visits and offer her a cup of tea."
- Through talking to people, staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.
- Staff were knowledgeable about people's care and support needs. Staff were motivated and recognised that their contact with people was important to their well-being. A member of staff told us, "I know people here get the care they need. Being a big company, there are clear policies in place, and I feel the home has a good reputation."

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

- People and their families were able to contribute to their care planning. A relative told us, "It's been quite an adjustment as a family. This home is better geared up and designed to better meet dad's needs."
- The Elms used a "resident of the day" process to support people to review their care plans and make decisions about their care. On a set day a member of staff sat with a person and reviewed their care plan with them. Their views were also sought on things such as food at The Elms and places or activities the person would like to do.

Respecting and promoting people's privacy, dignity and independence

- During our inspection we saw that staff respected people's privacy and encouraged people to be as independent as possible. For example, we saw that staff knocked on people's bedrooms doors and waited for a response before entering. We also saw how the activities co-ordinator encouraged people to extend their arm movement and use their hand / eye coordination whilst making bird feeders during an activity session.
- Staff understood the importance of respecting people's privacy and supporting them to make their own decisions about their care. A staff member told us, "We have a lady, that if you approach and ask her to do an activity, she will say no. If we start the activity by her, she will get involved and hit the balloon back. We are building up a lovely bit of trust and developing our relationship. You can't always have a head on approach, you need to explore other ways of engaging with people."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs were assessed, and they had individual plans of care which included information about their preferences and preferred routines and included information gained during the assessment process and additional information provided from health and social care professionals.
- In each person's care plan there was a pen picture of their primary needs and what was important to them. This ensured all staff, especially any new or agency staff, had immediate access to important information that would enable them to respond appropriately to each person's individual needs.
- Staff at The Elms told us that daily handovers were effectively used to share up to date information about people. During the inspection we attended a meeting of the heads of each department, where essential information was shared to ensure people's needs continued to be met.
- People Living at The Elms had choice and control over where they had their meals. During a lunchtime observation, we saw that staff asked people where they wanted to have their lunch. We saw that some people liked to eat with other people in the main dining room, whilst some choose to eat in their rooms. One person told us "I choose to eat in my room, most of the time." A relative told us, "Dad has a choice of eating in his room or in the dining room. He has made a friend who he will sometimes sit and have lunch with."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported with meaningful activities. The provider and manager had created a culture whereby all staff were encouraged to engage with people and provide meaningful activities.
- Staff used people's life histories to match activities to their preferences. A member of staff told us, "I've built up a rapport and trust with a resident who used to be a farm hand and used a lot of farm machinery, from that information I was able to find out that he likes to know how things work. This afternoon we are doing an activity that has been chosen by the person. We are going to use the iPad to look at cross sections of a submarine. We have built up a rapport and he is going to think of some questions so we can research these."
- Staff were actively building links with the local community. People had benefited from regular singing and dancing classes held within the home.
- Staff at The Elms encouraged people to socialise in a variety of ways. Daily activities encouraged social interaction and the dining room at the home was arranged so people could eat and chat with those they choose to. One person told us, "I get on with the other residents very well."

Meeting people's communication needs. Since 2016 onwards all organisations that provide publicly funded

adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were known and understood by staff. People's care plans included details which helped new and unfamiliar staff learn about any communication needs, for example if people had difficulty hearing or reading information.
- Information was shared with people and where relevant, available to people in formats which met their communication needs. A member of staff told us, "By using the I pad we were able to support a resident who was from [name of country], who did not like to socialise very much. We were able to find the National Anthem and we located the village where they lived and found pictures of the river where they told me they used to fish. It was about supporting them to understand where they came from to where they are now. They were able to experience some very vivid memories."

Improving care quality in response to complaints or concerns.

- People and relatives knew how to raise concerns if they were unhappy about the service. A person told us, "I'd go and see the manager if I had a complaint. She's doing a great job considering she's only been here a few months." A relative told us, "Whenever I have raised a concern it's been sorted straight away."
- A record of concerns and complaints made about the service was maintained. Records showed issues were resolved in line with the provider's complaint procedure. In the case of one complaint the manager had invited the person into The Elms to meet and resolve the situation. This had worked well, and the complaint had been resolved as part of the meeting.
- There was clear evidence the manager used feedback from people to develop the service. Lessons learnt were discussed and shared with staff and across the providers national network as part of improving service quality.

End of life care and support

- Where applicable, people's care plans contained end of life information. The manager was aware of the importance of discussing and recording people's end of life wishes. Information in relation to people's funeral plans, where they had one, was well-documented.
- Staff at The Elms had received training in relation to providing end of life care. Staff were knowledgeable about the importance of dignity at this time in a person's life. A member of staff told us, "It's important that people are comfortable and not on their own during the end of life. If they have made wishes in relation to their care, these need to be respected."
- The home had received compliments in relation to end of life care and treatment. There were numerous cards sent to the home following a person's death. Comments included, "Thank you for the care you gave to my mum in the last months of her life." We are eternally grateful for your wonderful care given to our mum, especially in her final weeks of life."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff commented positively on the support they received from the manager. One staff member said, "The manager is very approachable, she's not been here very long but has had a positive impact. I was away for a while when she came, and I can see lots have things have changed since she's been here. She's very supportive to us as staff."
- Relatives and visitors were positive about the support provided to people living in the home. A relative told us, "Both the manager and deputy manager are nice. The manager came out and did an assessment with us before [name of person] came here."

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

- The manager advised that they had received good support and induction from the provider. They advised that they had regular contact with them through formal meetings and telephone contact.
- The manager was working with a robust system to accurately record the training staff completed, when they completed it and when training was due for renewal. This information formed part of the service improvement plan for The Elms. This meant the manager and provider had sufficient oversight of staff training to ensure staff at the home were suitable for their roles.
- Staff were clear about their roles and responsibilities and understood the importance of raising issues if necessary to improve any aspect of the support provided to people in the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff told us they felt part of a team. One member of staff told us, Staff morale varies. I think on the whole people try and boost each other and provide support. If someone's feels a bit low, we will try and chat and help them."
- The manager and care staff said that they had a good working relationship with the nurses at The Elms and with other healthcare professionals and agencies who were involved in supporting people. One member of staff said, "We might discuss people's mobility or risk of falling. It's really good to have everyone's input and look at what can be done to prevent injury. If someone comes in with a condition that we don't know about, the nurses will print out some information. Our job is about learning every day, you can never say you know everything in this line of work."
- We saw evidence that staff acted upon advice and changes to support plans that had been suggested to ensure that people received the best possible outcomes from the support provided.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The manager had a clear understanding of the duty of candour and told us that the provider had clear processes in place to share information with relatives and others should any incidents occur. The home's CQC rating was displayed on the provider's website and in the home.
- Staff followed the provider's policies and procedures when incidents and accidents occurred and reported them to the appropriate authorities.
- The manager had a series of audits that they completed regularly. The results from these audits were added to the service's action plan to help drive improvements and ensure the best outcomes for people.