

The Orders Of St. John Care Trust

OSJCT Watersmead

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

About the service

OSJCT Watersmead is a residential care home providing personal care to 48 people aged 65 and over at the time of the inspection. The service can support up to 50 people.

OSJCT Watersmead is a single-storey purpose-built building. People had access to a large communal dining area, as well as a kitchen and lounge. The home had a hairdressing room and enclosed garden.

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

The home needed to be redecorated due to a lot of wear and tear. A full refurbishment was scheduled to take place in early 2020.

People were supported by kind and friendly staff. The staff knew people's needs and preferences well. We observed dignified and respectful interactions and saw people enjoying staff company. We received positive feedback from people and relatives about the staff team.

The chef knew what food people liked and designed the menu options based on what people enjoyed. People told us they enjoyed the meals and we saw people being offered food and drink throughout the day.

There was a range of activities and social opportunities for people to participate in.

People were supported to have choice and control of their lives. 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 had care plans, these documented their needs and preferences, with guidance for staff. Care plans were regularly reviewed. People had allocated staff members responsible for keeping the plans up to date.

Risks to people's safety and wellbeing were assessed. Risk reducing measures were put in place. When accidents and incidents occurred, reflective meetings took place to see if anything could be done different to prevent it happening again.

People's medicines were managed safely. There were regular audits and stock checks taking place and a lead staff member oversaw medicines management at the service.

Audits of the service highlighted any areas for improvement and these were acted upon. The registered manager had a good managerial oversight of the service. Staff spoke positively about the support they received from the registered manager and head of care.

Staff were trained to meet people's needs. The staff team worked well together and with health and social care professionals. When people's needs changed, staff made referrals to the appropriate care service for additional support.

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 23 June 2017).

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 re-inspection 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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

OSJCT Watersmead

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.

Inspection team

This inspection was carried out by one inspector.

Service and service type

OSJCT Watersmead 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 had a manager registered with the Care Quality Commission. This means that they 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people who use the service and two people's relatives. We spoke with eight members of staff for their feedback. This included the registered manager, care staff, activities coordinator, chef and

housekeeper. 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 also spoke with one visiting health care professional.

We reviewed a range of records. This included five people's care plans and daily notes, as well as multiple medicines records. We looked at four staff recruitment files, the staff training matrix, and a variety of records relating to the management of the service. This included audits, accident and incident records, and complaints.

After the inspection

We received feedback from four people's relatives and two health care professionals.

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.

Using medicines safely

- Records about people's medicines were well-maintained. However, there were gaps in records for prescribed creams and fortified nutritional drinks. We informed the registered manager of our findings and they advised us plans would be put in place to better monitor the record completion.
- People's medicines were stored securely and administered by trained staff. Medicines trained staff had their competencies checked regularly. There was a staff member appointed as the medicines lead. They worked with the head of care to audit and stock check the medicines to ensure records were up to date and appropriate levels of stock were held at the home.
- People had protocols in place to guide staff about how their medicines should be given and when. For example, if a person was prescribed occasional pain relief, the protocol stated how staff could identify if the person was in pain, or if the person was able to tell them.

Preventing and controlling infection

- Some areas and fixtures in the home were damaged due to wear and tear and needed to be replaced or redecorated. The damage could reduce the likelihood of good infection control in the event of an infection outbreak. A full redecoration of the home was due to start in January 2020.
- Staff had access to personal protective equipment, to prevent cross-contamination. This equipment included gloves, aprons, and antibacterial hand gel.
- We saw people being offered antibacterial hand cleaning wipes prior to their meals.
- The home appeared clean and free from unpleasant odours throughout.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the home. One person said they felt safe because, "There's always someone if I need them."
- People were supported by staff who had received safeguarding training. Staff understood their responsibility to recognise and report any concerns of harm and abuse.
- The provider had policies and processes in place to support people to be safe. Information was made available to people, visitors and staff about who they could contact if they had any concerns.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were identified, assessed and supported. We saw assessments in place for risks such as falls, mobility, and choking. There was guidance in the risk assessments for staff to follow to help reduce the likelihood of the risk occurring.
- Staff knew when people were at risk. We observed staff quickly bringing mobility aids to people who were

at risk of falls but had mobilised without their aid.

- In the event of an evacuation, there were individual evacuation plans for each person. These plans documented the support the person would need to leave the building.
- There were checks of the building and equipment to ensure the home environment was safe. Records showed there were regular checks of water systems and a legionella risk assessment was in place.

Learning lessons when things go wrong

- When accidents and incidents happened, these were reported electronically by staff and the registered manager was notified. The registered manager reviewed all reports to identify if any action was needed to stop the events happening again.
- Following any accidents or incidents, there were reflective staff meetings. Staff could discuss if there was anything they could have done better or differently.
- An audit and analysis of people's falls was maintained by the management team. Records from this showed any themes or trends were identified. This meant if there were patterns, action could be taken to stop things going wrong in the future. Any learning was shared and discussed with the staff team.

Staffing and recruitment

- We observed there to be enough staff to support people safely. Call bells were answered promptly, and staff were consistently available when people needed them.
- The home staffing levels were decided according to a dependency calculation which was based on assessments of people's needs. Staff told us they felt there were enough staff on shift each day to provide suitable support.
- People were supported by staff who had been recruited following safe recruitment procedures. Staff were appointed subject to satisfactory interview and background checks. These included employment references and Disclosure and Barring Service (DBS) clearance. The DBS helps employers to make safer recruitment decisions by preventing unsuitable people from working with vulnerable people.

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.

Adapting service, design, decoration to meet people's needs

- There were plans for people to be involved in choosing the colours of walls and carpets during the planned redecoration of the home. There were plans to theme different areas of the home, to help people find their way around.
- We saw signs around the home for different people. For example, there were personalised posters with people's names on and arrows, to help them find their way to their bedrooms.

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

- People's needs and choices were assessed prior to moving into the home. This ensured the service could provide people with the care and support they needed.
- The service was supported by the provider's admiral nurse. An admiral nurse is a specialist dementia or mental health nurse. The admiral nurse supported the staff to ensure they provided personalised care in line with good practice standards and the law.
- People's care plans, the medicines room and staff areas had informative leaflets with guidance for staff to follow. For example, about how to identify if a person with diabetes was showing signs of high or low blood sugars.

Staff support: induction, training, skills and experience

- Staff attended mandatory training and completed online training modules. The mandatory training included safeguarding, end of life, infection control, and fire safety. We observed staff participating in refresher training for moving and handling.
- New staff completed a company induction, as well as the Care Certificate. The Care Certificate sets out the expectations of different jobs in health and social care. As part of their induction, staff also shadowed and were mentored by more experienced team members.
- All staff had regular supervision and support meetings with a senior staff member. These gave staff the opportunity to formally discuss their development.

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

- People told us they liked the food. One person said, "The food is always good." One person's relative said, "He loves the food, and I love the way mealtimes are made special [and have] a cheerful service."
- We saw people were encouraged and supported to eat and drink enough. We saw staff regularly offering drinks and snacks throughout the day. There were drinks stations in the lounge and dining rooms, as well as snack bowls. People had drinks and snacks in their bedrooms too.
- Good nutrition and hydration were promoted during meal times. At lunch time a choice of hot cooked

meals were offered. These always included a vegetarian option. There were choices of drinks and condiments on the table. People were offered extra portions, as well as extra items such as cheese or butter to add calories to their meal.

- People's weights were monitored and showed people were supported to mostly maintain or healthily improve their weight.

Staff working with other agencies to provide consistent, effective, timely care

- We received good feedback from health care professionals. One professional said, "They are one of the better homes in the area." The community nursing team also presented an award to the home to praise them for the care they provide.
- When people's needs changed, there were referrals to the appropriate health and social care professionals. For example, if a person had difficulty swallowing, a speech and language therapist was contacted to review their needs.
- There were weekly visits from the GP or practice paramedic and the registered manager attended meetings at the local health centre. They explained the meetings were a good opportunity to discuss how the home worked with health care professionals.

Supporting people to live healthier lives, access healthcare services and support

- People who had specific health care needs had care plans for these. Care plans for people with diabetes stated how their condition was controlled. Also, any additional information staff needed to be aware of when supporting them. Staff had received training in diabetic care.
- People's oral health and personal care needs and preferences were known and supported. There were oral health assessments and care plans in place, explaining any existing conditions and what support the person required from staff. Staff had received training around supporting people to maintain good mouth care.
- For people at risk of developing pressure ulcers, their skin integrity was supported. We saw repositioning charts were up to date and showed people were repositioned according to their assessed needs. One person's relative told us, "[My relative] always looks clean and tidy, is pressure sore free – which is testimony to the good care she receives."

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.

- People who lacked the mental capacity to consent to decisions regarding their care and treatment had been assessed. There were best interest decisions in place and DoLS applications were made to the local

authority.

- We observed staff asking people for their consent and choices prior to supporting them.
- Staff understood the principles of the MCA and how to apply them to their role.

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 were treated well and supported by caring staff. People told us they were happy with the care they received. One person said, "Oh yes, they are good here." Another explained, "I am very happy here."
- People's relatives spoke positively about the way the staff team supported their family members. One relative explained, "I appreciate the excellent care my mother gets at Watersmead. The care is given with real affection, by staff who know her well." Another person's relative told us, "There is a friendly, positive attitude amongst the staff and I feel my father is treated as an individual by a very caring group of people. Nothing is too much trouble. You never get the impression that care is given in a grudging way."
- We observed staff using warm and person-centred approaches when speaking with people. They shared smiles, well-received banter, and conversations with people. One person's relative said, "There is an obvious warmth, humour and pleasure in the [interactions]."
- When people were upset, staff spent time with them, to help calm their distress. The support provided reflected what was written in the person's care plan. This showed the staff knew people well and their care was consistent.
- Staff in different roles worked together to support people. We saw housekeeping and kitchen staff engaging in conversation with people. There was a team approach. One person's relative confirmed this and said, "The [registered] manager, care staff, activities organisers, housekeepers and all who work there are always respectful, kind and considerate towards [my relative]. They are cheerful too. The whole place has a homely feel about it and that is important."
- The activities coordinator spoke with enthusiasm about promoting a homely atmosphere at the service. They explained, "It is the first place I have worked where it is so family orientated. Everyone is really supportive."
- People's spiritual and cultural needs or choices were known and supported. Care plans reflected if people practiced their religion and whether they wished to attend any services.

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

- People and their relatives could attend regular meetings at the home to share their views. The meeting minutes showed people and their relatives were updated about any events happening at the home. They were also asked for their feedback and ideas about what they wanted to see happen. For example, what they would like to do for activities, or would like to see on the menu.
- People had staff appointed as their key-worker. One staff member explained this meant, "Making sure they have everything they need, and their care plan is up to date. Key worker's also link with people's families."
- We observed people being supported by staff who knew them well to make decisions throughout the day.

This included being offered visual choices of meals and choosing where they would like to spend their time.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was promoted, and they were supported with dignity. We saw staff knocking bedroom doors and greeting people when they entered. Staff also understood how they could promote privacy and dignity, particularly when supporting them with personal care. One person's relative confirmed they observed only dignified and kind interactions. They said, "Because I visit on a weekly basis, always unannounced, I am aware of how staff speak to and treat all the residents. I have never been anything other than impressed."
- People's relatives and visitors were welcome to come to the home at any time and their privacy was respected. We saw one person's relative join their lunch. Other people had family visit them in their bedroom or spent time together in the communal areas.
- We observed staff prompting people, to help maintain their independence. For example, when helping people to stand. Staff gave guidance to people about where their hands should be and talked them through what they needed to do. Staff helped people to feel more confident.

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 had personalised care plans in place, which documented their needs and preferences. These included tools for staff to quickly get to know people, such as one-page profiles. The profiles included information such as what people liked and what was important to them. One-page profiles can be useful for new staff and for staff who may be supporting someone they do not know well.
- Some people had their life history recorded in their care plan. This included photographs and information about their life from childhood to when they moved into the home. For one person this included a photograph of them in a beauty contest and photographs of their wedding day. The care plan stated that they liked staff to chat with staff about life history and to look at photographs with them.
- People's likes and dislikes, also their usual routines were known and documented, with guidance for staff to follow.

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.

- Each person had their communication needs assessed. It was recorded in their care plans if they used communication aids, such as glasses or hearing aids.
- The service was able to provide communication in different formats if needed. For example, printing communication in large print.
- People were supported to access large print and audio books.
- Displays around the home were designed to be large and clear for people with visual impairments. For example, the clock and calendar in the dining room.

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

- Staff interacted with people; there was time to have conversations, check how people were and engage people in activities. One person's relative told us their family member "is encouraged to participate in plenty of activities. This means he is not left alone too long to brood and fret. I find his spirits are generally quite buoyant and although he is often very confused, he doesn't become too agitated as there is always someone to jolly him out of it or divert him in some way."
- Professionals told us they felt there was a high standard of activities and social engagement. One professional said, "They excel in providing residents with a vast range of activities. They hold many

community events which are not only beneficial to the resident, but have also gained the respect, recognition and gratitude of the local community."

- Longstanding staff members told us they had seen great improvements in the standard of activities delivered at the home. One staff member said, "Activities are now so much more interactive. We had a Halloween party, staff came in with their children and the residents enjoy seeing them. We have themed 'fake-away' nights, where we make our own take-away, like Indian and Mexican. We also went to the beach, which was third time lucky as it kept raining. When we couldn't make it, we had fish and chips here instead, we battered our own fish and served it in chip shop style boxes to bring the seaside to people. We had a steam train trip, there was a men's day. The activities team are so conscious of being more inclusive and they make sure everyone gets involved."
- One activities coordinator told us they tailored their activities programme to suit people's needs and interests. They explained, "I got to know each resident. I can see on their faces if they enjoy an activity, but I also get their feedback. I am always looking for the wow factor." They told us the activities and social events had included, "A rock and roll party for [person's] birthday. We do 'singing for the soul'. We have had a spa day. We have our regular entertainers, such as the ukulele man."
- Staff promoted people engaging with animals. The home had two cats, which had been adopted with the consent of the people at the home. The cats were friendly and gentle, we observed people engaging with them. The registered manager brought their dogs in regularly and people enjoyed them visiting. In the summer, the home had a dog show in the garden. Families and staff brought their dogs in and people judged them.
- There was a creative approach to reminiscence. The activities coordinator explained, "I am so into reminiscence and how people have lived their lives. We have had every resident plant a violet for their mum. I took a wheelbarrow around the room and to people's bedrooms, so they could plant them. The reason I decided to do this job is the holistic benefits."
- There were plans for developing the opportunities for social engagement at the home. The registered manager explained, "We are trying to link with [a local Pride group]. We have had a few conversations about them coming in and talking about the history of the gay movement. We need to find the right way to introduce these conversations, for it to be right for this home and the people who live here."

Improving care quality in response to complaints or concerns

- People and their relatives knew if they had a complaint they could raise their concerns with the staff or management team. They felt confident if they had complaints these would be investigated and addressed promptly.
- Any complaints which had been received were investigated thoroughly and appropriate action was put in place to reduce the likelihood of it happening again. The registered manager had met with families who had raised past concerns. They talked through the concerns and this helped to better understand how these could be addressed.

End of life care and support

- The staff worked with people and their families to discuss their future care needs and wishes. The registered manager explained, "We give residents and relatives the booklets and ask them to have a look at it and when they are ready we can go through it together with them." The booklets included prompts, such as who they would like with them and if they have any funeral plans in place.
- We saw some examples of end of life care planning. For one person, this included their wish to have fresh flowers and to have "someone to sit and talk to me, even if they just talk rubbish."
- People were supported by staff who had received end of life care training. The staff team told us they felt supported by their colleagues and the registered manager to provide end of life care.
- There was a display board which included commemoration of people who had passed away. This

included photographs and a write-up about the person. One staff member said, "It is really nice to read, it is important for the residents and for us."

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

- We received consistently good feedback from people's relatives, which confirmed a positive and person-centred culture was present throughout the home. One person's relative said, "I would like to thank the [registered] manager and everyone for the care my [relative] receives. He is content and as a family we are so happy he is at Watersmead."
- There was clear and visible leadership of the service. The registered manager knew people well, worked with the staff team and engaged with people and their relatives.
- The management team role-modelled good practice and promoted the provider's values. The registered manager explained, "I want staff to enjoy coming to work and to be empowered to make decisions. I want people to leave work when they have done a shift and to feel they have made a difference to people's lives. I am very driven for the residents to have stimulated lives and that they feel looked after and supported. They should live life how they want to live."
- The registered manager praised their staff team and valued their contribution to the home. They told us, "I am very proud of the team, because I think they have come a long way. When I first came, there had been a period of instability. I try to be cheerful all the time. I try to speak with everybody I see. We introduced thank you cards for staff, just to make them feel valued. All of us here live and breathe care for our residents."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- The registered manager and staff of different roles worked well together and were clear about their roles. The registered manager was supported by a head of care. The registered manager said, "I feel very confident if I am not here, the head of care will be able to manage the home."
- Staff spoke positively about the registered manager. Their feedback included, "[The registered manager] is so nice, she genuinely cares so much about the home. I have never known a manager who is so dedicated." "[The registered manager] is very supportive. Personally, I know I can always talk to her."
- Different staff were appointed as champions for different areas. These included amongst others, medicines, infection control and nutrition. The champions were responsible for their specific area and contributing to overall care quality.
- There were different quality assurance and performance monitoring systems in place. These included audits and surveys. Audits were completed by the management team and staff. There was a provider quality team who audited the service. The results of these audits showed there was a continuously high-quality standard being achieved.

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

- Meetings took place for people, their relatives and different staff teams. Feedback and ideas from meetings were used in planning for future activities, events and changes to the service.
- The registered manager attended networking opportunities. These included regular meetings with the local health centre. This gave the opportunity to discuss what was working well and any areas where the home needed support. These meetings had led to additional training being provided to meet people's specific care needs.
- There were plans to further the community engagement at the home. The registered manager explained, "We want to get a fundraising project together to buy an interactive table, also a minibus. I want people to say the name 'Watersmead' and think it is an amazing home."

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

- The registered manager understood their responsibility to act on the duty of candour.
- They knew when to notify CQC and the local authority of safeguarding concerns and events which affected the service