Orders of St John Care Trust

OSJCT Larkrise Care Centre

Inspection report

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Ratings

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

Overall summary

We visited Larkrise Care Centre on 14 January 2015. The service is registered to provide accommodation for up to 60 people who are living with dementia or require nursing or personal care.

This was an unannounced inspection. We previously inspected the service in November 2013. The service was meeting the requirements of the regulations at that time.

There was a new registered manager who had been in post since October 2014. 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 and staff spoke highly of the new manager. They said she was open, approachable and visible throughout the home. There was a positive culture where people and staff felt confident to raise any concerns. Staff understood and upheld the values and ethos of the home.

People enjoyed living at the home. They told us they felt safe and staff were very friendly, kind and caring. People were cared for in a respectful and dignified way. People

Summary of findings

were involved in their care planning. They were provided with person-centred care which encouraged choice and independence. Staff knew people well, understood their individual preferences and supported people in their preferred routines at their own pace.

People were supported to stay healthy and to eat and drink enough. They were offered regular snacks and drinks throughout the day or could help themselves from the dining room kitchens or communal areas. Where people needed additional support or encouragement to eat and drink this was provided. If people lost weight they were referred to the dietician and GP for assessment and advice.

Visiting health professionals were complimentary about the service and commented on the warm and homely environment. Throughout the inspection the atmosphere was calm and pleasant. There were spontaneous sing-a-longs, laughter and chatting. Whenever staff passed a person in their room or the corridor they stopped to check they were okay.

People told us they enjoyed the many and varied activities. People who were living with dementia benefitted from an interesting and stimulating environment. People were able to walk freely around the service and access the garden.

Risk assessments had been carried out to ensure people's safety. However, one person had made a choice to eat food that was contrary to recommendations made by a speech and language therapist (SALT) and to their care plan. The risks of not having a soft diet had not been explained to the person and the speech and language therapist had not been contacted to ask what the risks were if the recommendations were not followed.

People's care records required improving. Prior to this inspection concerns had been raised regarding the care of people being fed by a tube into the stomach. During the inspection we found that the quality and content of the records did not enable the service to evidence that the right care was being been delivered. Improvements were also required to the recording of people's food and fluid intake and some support plans in relation to managing some people's behaviour where it could be described as challenging. Quality assurance systems had not identified any of these areas for improvement. We have made a recommendation about the monitoring and reviewing of quality assurance systems.

There were enough staff to meet people's needs however during the afternoon handover on the nursing unit all staff were in the office and not readily available to support people. During this time we identified people who required assistance and we alerted staff.

Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions. Where restrictions were in place for people we found these had been legally authorised.

The registered manager understood the changes and improvements that were required in the service. The registered manager was ensuring staff were more aware of their responsibilities and accountability through regular supervision and meetings with staff.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see the action we took and what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe because appropriate risk assessments were not always in place. On the nursing unit there were no staff readily available to support to people during the handover time.

People told us they felt safe. Staff were knowledgeable about the procedures in place to recognise and respond to abuse.

The service followed safe recruitment practices. People were protected from the risk or spread of infection.

Requires Improvement

Is the service effective?

The service was effective. Staff received the training and support they needed to care for people.

People were involved in the planning of their care and were supported by staff who acted within the requirements of the law.

People were supported to maintain their independence, stay healthy and eat and drink enough. Other health and social care professionals were involved in supporting people to ensure their needs were met.

Good

Is the service caring?

People spoke highly of the staff. There was warmth and affection between people and staff. People were happy and there was spontaneous singing, laughing and chatting.

People were cared for in a dignified way. Staff treated people with respect and were compassionate, caring, friendly and supportive.

People were supported in an individualised person centred way. Their choices preferences were respected. People chose where they wanted to spend their time.

Good

Is the service responsive?

The service was not consistently responsive to people's needs. Care plans and assessments did not always provide instructions on how to support people. Other records relating to people's care were not recorded consistently.

People enjoyed the many activities on offer and these were tailored to suit people's needs interests and preferences.

Requires Improvement

Is the service well-led?

The service was well led but some improvements were required. Quality assurance systems were in place but had not identified all of the issues we found during the inspection.

Requires Improvement

Summary of findings

The registered manager understood the changes and improvements that were required.

People and staff felt confident to raise any concerns they might have. There was an open and positive culture in the home. Staff understood the values and ethos of the organisation.

OSJCT Larkrise Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was 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 the 14 January 2014. It was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our visit we reviewed the information we held about the service. This included notifications, which is information about important events the service is required to send us by law. We also received feedback from three health or social care professionals who regularly visit people living in the home. This was to obtain their views on the quality of the service provided to people and how the home was being managed.

During the inspection we spent time with people. We looked around the home and observed the way staff interacted with people. We spoke with ten people and five of their relatives. 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 the registered manager, the head of care, 11 care staff, eight ancillary staff, and the chef.

We looked at records, which included 13 people's care records, the medication administration records (MAR) for all people at the service and six staff files. We also looked at records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

Risk assessments had been carried out to ensure people's safety. However, one person was eating food that was contrary to recommendations made by a speech and language therapist (SALT) and to their care plan. We asked care staff why the SALT recommendations were not being followed. They explained that this was the person's choice. They told us "we ask her if she wants soft food and she says no." We discussed this with the registered nurse who told us "she doesn't like it soft." Staff told us that this person had capacity to make decisions about their care and treatment. However, staff had not taken action to ensure this person had all the information they needed to make an informed decision about their care and treatment. The risks of not having a soft diet had not been explained to the person and the speech and language therapist had not been contacted to ask what the risks were if the recommendations were not followed. However, staff were aware of what action to take if the person choked. When we raised this issue with the registered manager and clinical lead they spoke with the person, recorded this in the person's records, discussed this with the SALT and made an urgent referral to the service for reassessment.

There were enough staff to meet peoples needs. However, during the 2pm handover on the nursing unit all the afternoon staff went into the nurses office to receive a handover. All of the morning care staff had gone home and although the office had large windows so that communal areas of the unit could be monitored there were no staff on the floor to readily attend to peoples needs. At 2.30pm whilst staff were still in handover we walked around the unit. One person told us they needed assistance to go to the toilet and another person who was unable to use a call bell was sitting on the floor and appeared distressed. We alerted staff who immediately left handover to assist them. People on this unit told us call bells were mostly answered promptly but at certain times of the day they had to wait for assistance. One person told us, "This is worrying if I need the toilet urgently."

These issues were a breach of Regulation 9, Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Medicines were stored and administered safely. There were individual protocols for medicines prescribed to be taken as required (PRN). However, these did not provide sufficient guidance to staff on when to administer the medication. For example, for one person a medicine was prescribed as being “for agitation”. The care leader was able to describe the behaviour which indicated the person was agitated, but this was not detailed in the protocol. As care staff could have an individual interpretation of “agitation” this medicine might not be administered consistently.

People told us they felt safe and supported by staff. Comments included, "I feel very safe and I am well looked after" and "Staff are good and it's safe." A relative said, "I have no worries. I know that he is safe and taken good care of." People were supported by care and ancillary staff who had good knowledge of the provider’s whistleblowing and safeguarding procedures. Staff had received training in safeguarding people, and we saw certificates on staff files which confirmed this. Staff knew how to report any safeguarding concerns and felt confident in raising any issues relating to poor practice. For example, one staff member told us how they had challenged poor practice relating to moving a person in a wheelchair without using the footrests to support their feet. This had been raised with the registered manager, and action was taken to ensure all staff were supporting people in using the footrests.

Safe recruitment procedures were followed before new staff were appointed to work with people. Appropriate checks were undertaken to ensure that staff were of good character and were suitable for their role. Care homes should have checks in place to ensure that nurses have maintained their nurse registration. Although this had not been done, the administrator carried out these checks during the inspection. They then set up a system to ensure this was monitored.

People's rooms, bathrooms, equipment and communal areas were clean. Staff followed Department of Health guidance for storage and use of cleaning materials. The service had adequate stocks of personal protective equipment for staff to use to prevent the spread of infection and these were used in line with the services policy on infection control. Equipment used to support people’s care, for example, hoists were stored appropriately and had been properly maintained.

Good

Is the service effective?

Our findings

People were supported to stay healthy and care records described the support they required to manage their health needs. The GP visited weekly or more frequently if required. Health and social care professionals told us staff communicated well with them and peoples' changing needs were identified to them promptly. Details of any professional visits were seen in each person's care record, with information on outcomes and changes to treatment. Records showed that people had regular access to other healthcare professionals such as, chiropodists, opticians and dentists.

People were supported to eat and drink and told us they enjoyed the food served at the home. Comments included, "I really enjoy the food here. It is a good menu, especially at dinner time" and "The Christmas dinner was just perfect, beautifully cooked." Pictorial menus were available and people were also shown plated meals from which to make a choice. Alternatives were available for people who wanted something different from the menu options.

Where people were eating in their rooms staff regularly visited them during the mealtime to provide support and encouragement. When people had not been eating well they were referred to the GP and dietician. The chef and staff were proactive in finding ways to make food more appealing for people. For example, serving a person's favourite food or having a meal at a different time of day. Fresh fortified milkshake drinks were made by the chef and people were supported to drink these.

People were offered drinks and snacks throughout the day. People had jugs of water in their rooms and these were freshly filled in the morning. People could choose to have squash added. A cold drink dispenser was also located in the central area, and tea and coffee were freshly made in the dining room and offered regularly. Where people needed additional support or encouragement with drinking, their jug had a coloured lid as a visual reminder for care staff.

People who were living with dementia benefitted from an interesting and stimulating environment. People were able to walk freely around the unit and access the garden. Hand rails were painted in a contrasting colour so people could see them easily. The dining room was light and spacious and people spent time there outside of mealtimes listening to music and chatting with staff. There were several sitting rooms and themed areas, which gave people a choice of where to spend their time. For example, there was a small pub equipped with a bar and pumps, a piano and slot machine. There were familiar domestic and tactile objects throughout the communal areas of the unit such as a hand operated sewing machine. Some items had been obtained because they reflected peoples past occupations. We observed people using these and they smiled and appeared relaxed. All of the communal areas were well used.

People expressed confidence in the ability of the staff and told us they felt secure during care tasks such as when being assisted to move using the hoist. One person said "The carers seem to know what they are doing. They talk to me and tell me what is happening." In addition to the provider's mandatory training, staff had been given opportunities to undertake a range of other training and told us how this helped them meet the needs of the people they supported. For example, advanced wound care.

Newly appointed care staff went through an induction period. This included training for their role and shadowing an experienced member of staff. This induction plan was designed to help ensure staff were safe and sufficiently skilled to carry out their roles before working independently. The induction formed part of a six month probationary period, so the manager could assess staff's competency and suitability to work in the home over a longer period of time.

Staff were supported to improve the quality of care they delivered to people through the supervision and appraisal process. Staff told us they received an annual appraisal and regular one to one supervision where they could discuss the needs of people in the home and any training and development they might wish to follow.

Staff understood their responsibilities under the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be deprived of their liberty for their own safety. Where restrictions were in place for people these had been legally authorised and people were supported in the least restrictive way.

Staff understood their responsibilities under the Mental Capacity Act 2005. We saw this in action. For example, some people required bed rails to keep them safe in bed at night. This form of equipment can be used as restraint.

Good

Is the service effective?

Staff had followed good practice guidance by carrying out an assessment of people's capacity to consent to the use of bed rails and where people lacked capacity kept records of the best interest decision making processes. Assessments of capacity to consent were specific to each person and each decision as they should be.

Good

Is the service caring?

Our findings

People and their relatives told us that staff were kind and caring. Comments from people included, “It is very nice here. The staff are really very kind and support me” and “staff are caring. They are really lovely and look after me well.” Relatives said, “Staff are so good. I have no worries about my wife’s care. She is well looked after” and “It’s a great place and the staff are all very friendly.” Visiting health and social care professionals told us people lived in a pleasant, warm and homely environment and staff were caring and dedicated.

People were treated with warmth and obvious affection. The atmosphere in the home was calm and pleasant. There was chatting, laughing and singing throughout the day. Housekeeping staff took an interest in what people were doing and chatted with them whilst they went about their work. People told us they looked forward to seeing the housekeeping staff because they were friendly. One person said, “all of the housekeeping staff are wonderful, I love them and really miss them when they are off”.

People were supported with their personal care discretely and in ways which upheld and promoted their privacy and dignity. People were clean, well kempt and dressed appropriately for the weather. Staff knocked on people’s doors before entering and addressed people with their preferred name.

People were supported at their own pace and in the way they wanted. For example, One person wanted to move to another area. A member of staff attended to them promptly and offered them their arm. They were supported to move at their own pace. Staff were gentle and reassuring when supporting people.

Staff understood how people with dementia may communicate their feelings through their behaviour. They understood that poor communication or pain may manifest as challenging behaviour. Staff knew people well and how to best support them. When one person became anxious staff promptly assisted them. They sang together as they walked to a communal area, where the person played several songs on the piano. Staff and other people joined in the singing and clearly enjoyed the music. The person had enjoyed the interaction and was visibly relaxed afterwards. Another person was sitting in direct sunlight and this had previously made them unwell. A staff member encouraged the person to move and danced with them across the room. The resident was laughing and seemed happy to sit in another place.

People were supported in a compassionate way. For example, one person told us about how they had been well supported by staff when a close relative had died recently. On the day of the inspection we observed care staff noticed when this person's mood was low and spent time speaking with them in a kind and caring way.

People were able to have visitors when they wanted. Visitors told us they were always made very welcome. One relative told us how staff on the unit had recently hosted a large family meal and party for a special occasion. They said, “It was lovely. We were all so impressed.”

People told us they were involved in planning their care and made decisions about the way they were supported. One person said, “They keep me fully informed about things. I see my care plans and they talk me through my medication and explain what it is for.” People confirmed their choices and preferences were respected. Relatives told us they had been fully informed about residents’ care. Where people had given permission or where it was in a person's best interest relatives had been fully involved in the planning of their relative’s care.

Requires Improvement

Is the service responsive?

Our findings

Peoples care records were updated regularly throughout the day. However, on the nursing unit accurate records were not always maintained, particularly in relation to supporting people who used a PEG (Percutaneous Endoscopic Gastrostomy). A PEG is a tube that medicine and liquids can be given through when people are not able to take this by mouth. One person required daily care of their PEG tube. A record sheet was in place for the nurse to document when this had been carried out. In the last three months there had been 72 days where the record sheet had not been completed. Although staff told us that PEG care was carried out daily records could not be used to evidence this. This meant there was a risk this person would not have their care as planned.

Some people required their food and fluid intake to be monitored, however on the nursing unit records were not always completed and did not include enough detail to inform staff if adequate nutrition and hydration had been taken. The total of fluid input and output was not always documented and there was no evidence that they were reviewed by nursing staff. This meant that records could not always be used to determine if people were eating and drinking enough and this information would not be available to inform the care provided by visiting health professionals.

On the unit for people living with dementia, staff demonstrated a good understanding of the needs and preferences of the people they were caring for and how best to work with them. However, the strategies they described for supporting and encouraging individuals were not always in the care plans. For example, some people had behaviours that might be described as challenging. Strategies to manage the behaviour were passed on verbally. This information was not always recorded in peoples care records. This meant that support may not be consistent, and care staff who were less familiar with people would not have this information.

These issues were a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The service had a dementia lead who supported staff in caring for people living with dementia. They provided support for people and their families and worked with them to produce a comprehensive 'Life Story' document for people. Staff told us this document helped them understand the person better. The dementia lead also liaised closely and attended multi professional meetings where the individual needs of people were discussed. Staff were given feedback on the meeting and informed about changes to how people should be cared for. This ensured people were supported in a person centred way.

Throughout the service people told us they enjoyed the varied and plentiful activities. One person said, "I love all the activities. I especially enjoy helping in the garden". A relative said. "I am very pleased. He has attention, entertainment and stimulation." There was a large activities room where variety of activities took place. On the day of the inspection this included bowling and a film. There was also a sensory room, which provided a calm and relaxing space. Some people were unable to leave their rooms or did not wish to attend the activities. They were visited by the activities coordinator and provided with individual activities. In addition to receiving care people were also visited regularly by staff throughout the day. Whenever staff walked past rooms and people in communal areas they stopped for a brief chat and checked all was well.

People were supported to attend the local church and ministers regularly visited the service. School and community groups visited to help with some activities. Community involvement was encouraged, not only to support the home, but to encourage a greater understanding of older people and in particular to raise awareness of the needs of people living with dementia.

People knew how to make a complaint and the provider had a complaints policy in place. People told us, "All is well and I haven't needed to complain but I know how and would if ever I needed to" and "I complained to the manager and she spoke to the carer concerned and now things have improved." The manager checked if people were satisfied with the outcome of their complaint. Feedback from people and their relatives about the quality of the service was sought. For example, comments about the food had led to a residents and relatives meeting being held to discuss how the food could be improved. Actions had been taken following the meeting to change the menus and times food was served and the matter was resolved to peoples satisfaction.

Requires Improvement

Is the service well-led?

Our findings

There were a range of quality monitoring systems in place to review the care and treatment offered at the home. These included a range of clinical and health and safety audits. However, some of these had not been effective in identifying the issues we found during the inspection. For example, the daily PEG care recording sheet had been put into place following concerns about PEG care not being completed. Quality assurance systems had not identified that these records were not being consistently completed.

We recommend that the service seek support and training, for the management team, in monitoring and reviewing quality assurance systems.

The registered manager had been in post since October 2014. They had already identified and made some changes to improve outcomes for people. They had a clear understanding of the further changes and improvements that were required and there was a plan in place to address these. The registered manager was ensuring that staff were more aware of their responsibilities and accountability through regular supervision and meetings with staff.

People and staff spoke highly of the registered manager and told us they were often visible around the home. People and felt able to raise any concerns with the registered manager.

There was a positive culture where people felt included and their views were sought. Staff understood the values and ethos of the service. One staff member told us, “We look after people well. I’m a great believer in respect and dignity. We look after the whole person – personal care, activities, dietary needs. That’s what the job’s about.” Staff felt supported and were empowered to speak out and raise concerns or make suggestions to improve the service. They felt valued and were confident concerns would be taken seriously.

There was a clear procedure for recording incidents and accidents. Any accidents or incidents relating to people who used the service were documented on a standardised form and actions were recorded. Incident forms were checked and audited to identify any risks or what changes might be required to make improvements for people who used the service.

We saw that people were actively encouraged to provide feedback through a satisfaction survey and the results of these as well as the quality assurance systems such as audits and accidents and incidents were compared with other locations within the Orders of St John Care Trust. The management team reviewed the results and took steps to maintain and improve the services performance.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services **Care and treatment was not always planned and delivered in a way that was intended to ensure people's safety and welfare.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records **Records were not always completed and did not always provide sufficient guidance for staff on how to support people in relation to some behaviours.**