The Orders Of St. John Care Trust

OSJCT Patchett Lodge

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 Patchett Lodge is a residential care home, it is registered to provide personal care for up to 30 older people. There were 28 people living at the home at the time of the inspection.

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

People's experience of using this service
• People told us they were happy at the home. They said that the staff were kind, friendly and supported them in a way which respected their dignity.
• There were enough staff to meet people's needs and staff had received the training and support needed to provide safe care. The registered manager had completed checks to ensure that staff were safe to work with people living at the home.
• Care plans accurately reflected people's care needs and supported staff to meet those needs in a person-centred way. Risks to people had been identified and action taken to keep people safe. Medicines were safely managed.
• The home was clean and staff worked to minimise the risk of infection. The environment was well maintained and signage supported people's independence.
• The registered manager had taken effective action to improve the quality of care people received following our last inspection. There were systems in place which monitored the quality and safety of the care provided and action was taken to rectify any concerns raised. The views of people living at the home were used to drive improvements in the home.

Rating at last inspection
At the last inspection the service was rated as Requires Improvement (report published 22 September 2017). At this inspection we found the provider and registered manager had made the necessary improvements.

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor intelligence we receive about this service until we return to visit as per our reinspection programme. If any concerning information is received, 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 Patchett Lodge

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team
The inspection was completed on 16 January 2019. The inspection team consisted of an inspector 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. This included experience of looking after an older person.

Service and service type
OSJCT Patchett Lodge 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 care home can accommodate 30 people in one adapted building.

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
The inspection was unannounced.

What we did
•Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public, and local authorities.
•Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.
•We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the registered provider is required to tell us about.

• We spent time observing the care provided to people.
• We spoke with the registered manager, a deputy manager, the manager brought in to oversee the development of the facilities, a care worker and a member of the domestic staff. We also spoke with an external health care professional from the community nursing team.
• We spoke with three people living at the home and four relatives who visited during the inspection.
• We looked at a range of documents and written records including five people's care files and two staff recruitment records. We also looked at information relating to the administration of medicines and the auditing and monitoring of service provision.
• Following the inspection the registered manager sent us information about concerns we raised regarding the management of medicines.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse
• People living at the home and their relatives told us they were safe. One person told us, "I always feel safe with the carers."
• Staff knew/ how to recognise abuse and protect people from the risk of abuse. They told us that they were confident to raise any concerns they had with the registered manager and were positive that the registered manager would take the appropriate action to keep people safe.
• Records showed that the registered manager had raised any concerns they had with the local safeguarding authority. We saw that they had fully investigated the concerns and taken action to keep people safe.

Assessing risk, safety monitoring and management
• People living at the home and their relatives told us that care was delivered in a safe manner. A relative said, "[Name] is very safe here. I don't have any concerns about the care she receives."
• People needs had been reviewed and risks to them had been identified. Care was planned to keep them safe. For example, we saw one person had their bed lowered at night as they were at risk of falling. Where people needed regular interventions such as repositioning to stop them developing pressure ulcers, monitoring was in place to record that the care had been provided in line with the person's care plan.
• Some people needed to use equipment to keep them safe. This was recorded in their care plan and appropriate equipment such as hoists for supporting people to move safely and pressure mattresses was in place.
• Environmental risks had been assessed and each person had an evacuation plan in place to support them and the emergency service.

Staffing and recruitment
• At the last inspection in July 2017 we found there were not enough staff to meet people's needs. At this inspection we found this had improved. There were enough staff to meet people's needs without them having to wait for care. One person told us, "They are normally good at answering the bell." Another person said, "No problems at all with help at night." During the visit we saw that call bells were responded to in good time and people did not have to wait long for attention.
• The registered manager had used a tool to identify the number of staff needed to provide safe care to people. We saw that they had been flexible with staff to cover busy times in the home. They had ensured that there were kitchen and domestic staff so care staff were able to concentrate on the people living at the home.
• The provider had systems in place to ensure they checked if people had the appropriate skills and qualifications to care for people before offering them employment at the home. For example, we saw people had completed application forms and the registered manager had completed structured interviews.
• Any gaps in people's employment history had been identified and investigated. The required checks had

been completed to ensure that staff were safe to work with people who live at the home.

Using medicines safely
• At the last inspection in July 2017 we found that medicines were not always effectively managed. At this inspection we found medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
• Where people had medicines prescribed to be taken 'as required' we saw that there were protocols in place to support staff to administer these in a consistent manner.
• We saw that the member of staff administering medicines did not fully follow the provider's processes for the safe administration. We raised this as a concern with the registered manager. Following the inspection they sent us information showing that action had been taken to discuss the issues and provide further training for the member of staff.
• The registered manager had taken action to investigate any medicines errors. This included taking advice from other healthcare professionals and the pharmacist. These actions reduced the risk of other people experiencing the same errors.

Preventing and controlling infection
• During the inspection we saw that staff worked within infection control guidelines and regularly washed their hands and changed their protective equipment. They were able to describe the protection they needed to put in place if there was an outbreak of illness in the home.
• Cleaning schedules were available for housekeeping staff to follow. Audits were carried out daily and others weekly to ensure the care home was clean. Checks were made to ensure wheelchairs and other mobility aids were clean and in a good state of repair. An infection control audit was carried out weekly.

Learning lessons when things go wrong
• Incidents were recorded and reviewed by the registered manager. Action was taken to reduce the risk of the incident reoccurring. For example, when a person was falling multiple times they referred them to the GP and the Falls prevention clinic.
• Learning from incidents was reviewed in reflective meetings every six months and learning outcomes shared with staff.

Good

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

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
• People's needs were assessed before they moved into the home. This allowed the registered manager to ensure that staff had all the skills and knowledge needed to deliver care in line with best practice.
• The provider had their own Admiral Nurse. Admiral Nurses are nurses who have specialised in Dementia Care. This meant that the registered manager had access to advice and best practice guidance for people when needed.

Staff support: induction, training, skills and experience
• New staff received an induction at the home to ensure that they had the skills required to care for people safely. This included time spent shadowing a more experienced member of staff and being observed providing care so management could be sure they had understood the training. New staff also had to complete the care certificate. The care certificate is a set of national standards which give staff the skills to care for people. Staff told us that they had felt supported during their induction.
• Staff told us that they received ongoing training on a regular basis. This covered the basic training to keep people safe such as infection control and health and safety as well as more specific training in illnesses such as dementia.
• Records showed that staff had received regular supervision meetings with their line manager. They told us that these meetings allowed them to discuss any concerns that they had.

Supporting people to eat and drink enough to maintain a balanced diet
• People told us they were happy with the food provided in the home and were offered choices. One person told us, "The food is very good, the cakes and pastries at tea are excellent." Another person told us, "I have cereal and toast for breakfast. We can always ask for something different. The food is nice, I'm always happy with the choices." While there was no one at the home who was currently following a vegetarian diet the kitchen staff were knowledgeable about providing meals to support people's lifestyle choices.
• People were offered hot and cold drinks throughout the day. One person told us, "We get regular drinks."
• Care plans recorded people's support needs around eating and drinking. For example, we saw one care plan noted that a person 'Has a small appetite and needs encouragement.' Another had identified that the person would eat small meals but would enjoy a snack. Care plans also recorded if people needed a special diet to support their health. An example of this was people who needed a diabetic diet.
• People's ability to eat and drink safely were assessed and where staff had any concerns about people they were referred for an assessment by a healthcare professional. Kitchen staff were knowledgeable about providing modified diets such as soft textured food to support people to eat safely.
• Staff monitored people's ability to maintain their weight. Where they had any concerns, they monitored people's food and fluid intake to see where they could support the person to eat more. If needed they were

referred to a GP for advice and some people had been prescribed a fortified drink to help them stay healthy.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• We spoke with a visiting healthcare professional. They told us that they had a good working relationship with the staff at the home. They felt that staff were good at identifying and raising any concerns with people's health and followed guidance and advice to provide safe care for people.
• People were supported to access healthcare advice and support as needed to maintain their health. For example, we saw that healthcare professionals had been contacted when staff were concerned a person may have an infection. In addition, people received all the preventative care offered to them. Examples of this were people being offered their flu vaccination or attending diabetic check clinics.

Adapting service, design, decoration to meet people's needs
• The home was nicely decorated and had been well maintained. There was plenty of directional signage to help people find their way around the home. People's bedrooms had large pictorial name plates to help people recognise them. Toilets and bathrooms were clearly marked to support people to maintain their continence.
• People were involved in decisions about the premises and environment and individuals' preferences, culture and support needs were reflected in adaptations or the environment. For example, following a recent redecoration of communal areas people had picked out the pictures they wanted on the walls. Risks in relation to premises and equipment were identified, assessed and well managed.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

Ensuring consent to care and treatment in line with law and guidance
• Staff had received training in the MCA. They were able to describe how they supported people to make as many choices as possible over their daily lives. For example, by ensuring information was presented in a way they could understand.
• Some people living at the home had been unable to consent to being there. The registered manager had completed DoLS applications for these people to ensure their rights were protected. No one living at the home had any conditions on their DoLS.
• Where people may have been unable to make decisions for themselves the registered manager had ensured that capacity assessments had been completed. Were people were unable to make a decision, decisions had been made in their best interest. The decision making process had included professionals involved in their care as well as family members.
• Some of the care provided restricted people's movement around the home. An example of this was the use of bed rails as they may restrict a person to their bed. When any restrictions had been put in place, staff had asked people for their consent or had completed a capacity assessment and a best interest decision.

Good

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

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 living at the home told us that they felt supported and had a good relationship with the staff. One person told us, "The girls here are very good, the care is good." A relative said, "The care is good, there's a nice atmosphere."
• There was plenty of interactions between staff and people living at the home. We saw staff took notice of people's needs and offered support where needed. For example, we saw that a person had needed to leave the table during the midday meal. When they returned staff offered to heat their meal up for them.
• The provider supported the local community to access the home. They had a coffee morning on every Tuesday and people were welcome to attend. This helped people to maintain social contact with their friends in the community.

Supporting people to express their views and be involved in making decisions about their care
• Staff told us how they offered people choices in their everyday lives. For example, people were able to choose what they wanted to eat. We saw that people's choice of meat was plated up for them but they were able to choose which vegetables they wanted on their plate while sitting at the table.
• Staff understood that some people may find making decisions hard and so simplified the process for them by offering them choices. For example, a member of staff explained how they would show people a choice of clothes so they had a visual choice.

Respecting and promoting people's privacy, dignity and independence
• Staff had received training in promoting people's privacy and dignity. They told us that they did this by ensuring doors and windows were shut while people received care. In addition, they encouraged people to complete as much personal care for themselves as they were able.
• There were several areas in the home were people were able to go if they wanted some quiet time. For example, we saw one person chose to spend time in the garden room instead of being in the lounge area when most people chose to spend their time.
• People's care records were stored securely so that only people who needed access to them were able to look at them.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• People living at the home and their relatives told us that the care met their needs. One relative told us, "[Name] is doing much better here than at their previous home, she's come on in leaps and bounds." Another relative said, "He has settled in now. There was an issue with taking tablets and eating but they've all been overcome now with the right encouragement. He's kept very clean and happy, so I'm happy."
• People had been involved in planning their care. Care plans had been signed by people or their relatives to say they were happy that the plan would ensure their needs were met.
• Care plans were reviewed and updated monthly to ensure that they continued to meet people's needs.
• Where people were living with long term conditions we saw that there was information in their care plan to support them. The information also advised staff about the condition and when concerns should be raised with healthcare professionals.
• The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals.
• Some people told us that they would like more activities. One person told us, "I'm a keen singer but we lack activities as there's no one to do them. I would like chair exercises too."
• We discussed this with the registered manager who explained that they were in the process of replacing their activities coordinator, so staff were covering activities at present. In addition, the staff were working with an external agency to develop more activities. A number of staff had been trained in leading exercise classes and were looking at increasing the number of people who engaged with activities.
• However, most people we spoke with were happy with the activities provided. One person told us, "There is monthly armchair aerobics that I really like." A relative said, "[Name] does dominoes and bingo, he also likes singing." Records showed that the local primary school visited the home on a weekly basis, singers visited every two weeks and the Pets as Therapy (PAT) dog visited. As well as planned activities, people told us that they would play dominos, watch the television and read the daily paper.

End of life care and support
• Staff worked proactively with other health and social care professionals to ensure people had a pain-free, dignified death.
• All staff had been trained in end of life care and protocols had been developed to ensure residents were involved in agreeing advanced directives including their preferences and wishes.

Improving care quality in response to complaints or concerns
• People told us they knew how to complain and were confident that the registered manager would take action to resolve any concerns raised.

• The provider had a complaints policy in place and information on how to complain was available to people within the home. However, there had been no formal complaints since our last inspection.

Good

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.
Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility
• There was a registered manager for the home. People and relatives told us the at the registered manager was visible and known to them and approachable. We saw them to be kind, caring and that they knew everyone's needs well.
• The culture of the service was caring and focused on ensuring people received person-centred care that met their needs in a timely way. It was evident staff knew people well and put these values into practice. The registered manager undertook daily walk arounds and spoke with everybody each day to enquire about their welfare. They also monitored the call bells so that they could be sure people's needs were being met in a timely fashion.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• The provider and registered manager had taken action to comply with the regulatory requirements. They had ensured that their rating was displayed in the home alongside an action plan telling people about the changes they were making to improve the care provided. The registered manager had notified us about events which happened in the home.
• The provider and registered manager had audits in place to monitor the safety of the service and the quality of care provided. There was a comprehensive action plan in place identifying all the areas of improvement and development needed in the home. This had driven the improvements we had identified as needed at the last inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• The views of people living at the home had been gathered through residents' meetings and surveys. The minutes of the last residents' meeting were displayed in the home. Action had been taken to respond to the changes people had requested. For example, the minutes showed that there had been a request to add other choices to the menu options such as curry. On the day we visited the home visit curry was on the menu.
• The registered manager also gathered the views of staff working at the home. We saw that staff meetings were held every three months. Staff told us they were happy with the registered manager and felt able to raise concerns or ideas for improvements.

Continuous learning and improving care
• The registered manager had identified a number of lead roles for staff in the home. For example, there was

a dementia lead and a medicines management lead. It was the responsibility of the lead member of staff to keep themselves and colleagues up to date with changes in practice.
• The registered manager kept up to date with changes in best practice and legislation. They attended regular meetings with the provider's other registered managers, regularly updated their knowledge with training and reviewed the industry publication.
• The registered manager and provider had been open and honest about incidents that had occurred in the home. They had identified where things could have been done better and used the information to improve the quality of care provided.

Working in partnership with others
• The provider and registered manager had worked to improve the relationship with the community nurses. We saw that they worked collaboratively and shared space in the home with the nursing team to help the relationship develop. A healthcare professional told us that the support from the registered manager had improved the relationship and trust between the two staff teams.
• The provider was working with the ENRICH scheme. This is a scheme to support research into the care provided in care homes. It helps staff understand what best practice in care looks like and supported their training.