The Orders Of St. John Care Trust

OSJCT Larkrise Care Centre

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected this service on 7 March 2016. This was an unannounced inspection.

The service is registered to provide accommodation for up to 60 people who are living with dementia or require nursing or personal care.

At a comprehensive inspection of this service in January 2015 we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds with two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to the safety and welfare of people and maintaining accurate care records. The provider sent us an action plan to tell us how they would ensure the service met the legal requirements of the regulations. At this inspection in March 2016 we found the required actions had been taken. Peoples care records accurately reflected the care, support and treatment people were receiving. People had been involved in reviewing their care. People had a range of individualised risk assessments in place to keep them safe and to help them maintain their independence. People were assessed regularly and care plans were detailed. Staff followed guidance in care plans and risk assessments to ensure people were safe and their needs were met.

People thought the service was well led. There was a new registered manager at the service. 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. The registered manager had driven forward the required improvements, and had a clear plan for further changes and improvements to continue to improve the quality of service people received.

People enjoyed living at the service. They told us they felt safe and staff were friendly, kind and caring. People were cared for in a respectful and dignified way. People were provided with person-centred care which encouraged choice and independence. Staff knew people well and understood their individual preferences. People told us they enjoyed the many and varied activities on offer.

There were enough staff to meet people's needs. People felt supported by competent staff. Staff felt motivated and supported to improve the quality of care provided to people and benefitted from regular supervision and training in areas such as dementia awareness.

People were supported to have their nutritional needs met. However, people's views on the quality of the food was mixed and the food at mealtimes was not always presented in an appetising way. People were supported with specialist diets.

The provider, registered manager and 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 or who may be deprived of their liberty for their own safety.

The registered manager sought feedback from people and their relatives and was continually striving to improve the quality of the service. There was an open culture where people and staff were confident they could raise any concerns and these would be dealt with promptly.

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.

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

Medicines were stored and administered safely.

There was enough staff to meet people needs.

Is the service effective?

Requires Improvement

Improvements were required to ensure the service was always effective.

People were supported in line with the principles of the Mental Capacity Act 2005. However, peoples care records did not always reflect this.

People were supported to eat and drink enough. However, meals were not always presented in an appetising way.

Other health and social care professionals were involved in supporting people to ensure their needs were met.

Is the service caring?

Good

The service was caring.

People and visiting professionals spoke highly of the staff and the care delivered.

Staff understood people's individual needs and preferences. People were cared for in a kind, caring and respectful way.

Is the service responsive?

Good

The service was responsive to people's needs.

People benefited from regular activities that interested them. People were involved in the planning of their care. Care records

contained information about people's health and social care needs.

People knew how to make a complaint if required.

Is the service well-led?

Good

People benefited from a service that was well led.

There was a positive and open culture where people, relatives and staff felt able to raise any concerns they had.

The quality of the service was regularly reviewed. The manager took action to improve the service where shortfalls had been identified.

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 7 March 2016. It was unannounced. The inspection team consisted of three inspectors and a specialist advisor in dementia.

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. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make.

During the inspection we spent time with people. We looked around the home and observed the way staff interacted with people. We spoke with 13 people and seven
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, the activities coordinator and 10 care staff, 3 ancillary staff, and the chef.

We looked at records, which included 10 people's care records and six staff files. We checked medicines administration records and looked at staff training and supervision records. We also looked at records relating to the management of the service, which included minutes of meetings, complaints and compliments, a range of audits and quality assurance feedback.

Good

Is the service safe?

Our findings

At our inspection in January 2015, we found some aspects of the service were not safe because appropriate risk assessments were not always in place. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds with Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection in March 2016, we found the provider had taken action to keep people safe.

People had risk assessments in a range of areas such as falls, moving and handling, wheelchair use, swallowing difficulties, nutrition and skin integrity. Ways of managing the risks to people had been documented and staff used the risk assessments to inform care delivery. For example, one person had been assessed as being at high risk of developing pressure ulcers. Their risk assessment stated this person should have a pressure relieving mattress on their bed and have their position changed every two hours to reduce the risk of skin break down. Observations on the day of the inspection and previous records of positional changes showed this person's position was being changed every two hours. They had not developed any pressure ulcers.

Where people were assessed as being at risk from choking, they had been seen by a speech and language therapist (SALT) and a swallowing assessment had been carried out. Staff were aware of the eating and drinking recommendations supplied by the SALT and followed these when supporting people with food and drink. For example, one person's SALT assessment recommended they be sat fully upright when eating, have a moist soft diet and their fluids thickened. We observed this person was given the correct consistency of food and drink and were sat upright in order to eat their meal.

Where people had risk assessments in relation to moving and handling, care plans contained detailed information in relation to how the risks to the person and staff would be managed. For example, one person's risk assessment identified the person needed to use a hoist to move from their bed to a chair. There were detailed instructions for staff to follow including the number of staff needed and the type and size of the sling that should be used. We observed this person being supported to move in line with instructions in their care plan. A visiting health care professional told us staff practised safe moving and handling procedures and said, "They (staff) follow the care plan".

People told us they felt safe. Comments from people included: "I feel happy, comfortable and safe", "I feel safe" and "I am safe, I have no worries". Relatives felt their family members were safe. One relative said, "I can leave here knowing my family member is happy and safe". Another relative said, "My husband is safe, even though he cannot say what he wants. Staff understand his needs, and they always explain to us what has to be done".

People were supported by staff who were knowledgeable about the procedures in place to keep people safe from abuse. For example, staff had attended training in safeguarding vulnerable people. Staff were aware of the different types of abuse and described the signs a person may show if they had experienced abuse. Staff were aware of the services whistleblowing and safeguarding policy. Staff told us they would report any

safeguarding concerns and felt confident prompt action would be taken to keep people safe. One staff member said, "I feel confident if there were any concerns the team here would take concerns to appropriate agencies outside the home".

Medicines were stored and administered safely. We observed staff supporting people to take their medicines in line with their prescription. Staff administering medicines knew how people preferred to take their medicines. For example, one person preferred to have their liquid medicine given to them using a spoon rather than taking it out of the medicine pot and we observed they were supported in this way. There was accurate recording of the administration of medicines. Medicine administration records (MAR) were completed to show when medicines had been taken or if not taken the reason why.

People told us there were enough staff to meet their needs. One person said, "Always around when you want them (staff)". Another person said, "My bell is always answered quickly". Staff told us they were busy but felt there was always enough staff on duty to meet people's needs. One staff member said, "The best thing is that we are all a team, and we help each other".

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.

Equipment used to support people's care, for example, hoists and stand aids were clean, stored appropriately and had been properly maintained. The service kept a range of records which showed equipment was serviced and maintained in line with nationally recommended schedules. People's rooms, bathrooms, equipment and communal areas were clean. The service had adequate stocks of personal protective equipment and staff used them as appropriate.

People's safety was maintained through the cleanliness, maintenance and monitoring of the building and equipment. For example, water testing, fire equipment testing, lift servicing and electrical certification was monitored by maintenance staff and carried out by certified external contractors.

Requires Improvement

Is the service effective?

Our findings

People told us staff asked for their consent before delivering care tasks and gave them the information they needed in order to make choices and decisions. Where people lacked the capacity to consent to their care, they were supported in line with the principles of the Mental Capacity Act 2005. 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 people lack the mental capacity to take particular decisions, any made on their behalf must be in their best interests. Staff were able to describe what action they would take if a person was identified as lacking capacity to make a specific decision. This included following the best interest process and involving health professionals and relatives in the decision to be made. However, the completion of care records in relation to people's mental capacity and the best interest decision making process was not always consistent throughout the service.

The registered manager 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 some people we found these had been legally authorised and people were supported in the least restrictive way. However, we asked the registered manager to review some people who were living on the Park Lane unit because the level of control some people required to keep them safe may have constituted a deprivation of their liberty.

People had their nutritional needs met and were encouraged to eat and drink. People's opinion of the food varied. Comments included: "The food's ok, nothing special", "Some of the food is good", "The food is alright", "Food is nice" and "Food is brilliant, I haven't been eating a lot, they get me egg sandwiches at tea time with brown bread because I like that. It tastes beautiful". The main hot meal was provided at lunchtime. Staff served the meal on each unit from a heated trolley. Staff did not always take care when plating the meals which meant they were not presented in an appetising manner.

People chose where they wanted to eat their meal. One person told us "We can stop in bed for breakfast if we want". Mealtimes were a relaxed and sociable event. People who were given assistance to eat were supported in a respectful manner. For example, we observed staff discreetly prompting people with their meals and assisting them in a calm and unhurried manner.

People were given a choice of what to eat and drink. One person told us, "Food choices are available. If I don't like what's on offer, I know I can have something else, like a jacket potato, scrambled egg or an omelette". Another person said, "We can have food or drinks when we want it". We saw drinks were offered regularly throughout the day, however no snacks or fresh fruit was offered to people or available for people to help themselves. When we visited the kitchen we observed bowls of fruit and packets of crisps. We asked a member of the kitchen staff why the snacks were not available on the units and they told us "Fruit bowls go up to the units at tea time. They don't eat their dinner if they have the fruit and snacks before". We discussed this with the registered manager who told us they would take immediate action to ensure the snacks were available on each unit.

People were supported to stay healthy and care records described the support they required to manage their health needs. Health and social care professionals were complimentary about the service and told us staff demonstrated an understanding of people's individual needs and peoples' changing needs were identified to them promptly. Comments included: "They (staff) will always email if they have any concerns. Carers will report anything they see; they know their residents well", "I have a good relationship with them here; they know when to contact me" and "My experience is that the staff take appropriate action to escalate issues and communicate well with us to seek advice".

People felt supported by skilled staff who effectively met their needs. One person said, "They (staff) know what they are doing". Another person said, "They (staff) couldn't be better trained". A relative said, "Carers know the residents very well, know what they (people) need, and know what they're doing".

Staff had completed the providers initial and refresher mandatory training in areas such as, manual handling and infection control. Staff were supported to attend other training courses to ensure they were skilled in caring for people. For example, training in dementia care. One staff member told us, "Training is good, I'm keen to learn more about my job".

Newly appointed care staff completed an induction period. This included training for their role and shadowing an experienced staff member. The induction plan was designed to ensure staff were safe and sufficiently skilled to carry out their roles before working independently. A recently appointed staff member told us, "The induction training has been really good". A relative said, "The experienced carers make sure the new staff are on the ball".

Staff were encouraged to improve the quality of care they delivered to people through the supervision and appraisal process. Staff told us they received an annual appraisal where their performance was reviewed and they could discuss their development needs. Staff had a regular one to one supervision meeting with their line manager where they were able to discuss their roles and responsibilities. However, two staff member's supervision records were not personalised as they were identical and covered general matters in the home.

Good

Is the service caring?

Our findings

People felt cared for and were complimentary about the staff and living at the service. One person told us, "It's marvellous. I couldn't wish for anything better. Staff are brilliant, kind and caring". Another person said, "I came to this home because of the good reputation. A friend of mine was here and enjoyed it, so I decided to come here and I'm glad I did". A relative said, "I visit the home most days, and my family come in at different times. As a family we find the staff are always kind and caring and we have confidence about the home and the care they give everyone who lives here". A visiting professional told us, "They (staff) have a caring attitude and will respond to things".

There was a calm, warm and friendly atmosphere at the service. We saw many examples of people being supported by staff who were caring, kind and respectful. For example, one person was being supported to move using a hoist. Staff asked the person for their consent before helping them. Staff spoke with this person throughout the task, informing them what they were doing and reassuring them. Another person was unwell and remained in bed. Staff regularly visited this person in their room and took the time to ensure they were comfortable and to help them eat and drink. We observed one staff member visiting this person in their room. They crouched down so they were at eye level with this person to talk with them and placed a hand on their arm in a reassuring manner. This person who told us, "Staff are wonderful, so kind, always coming in to see if I need anything. Nothing is ever too much trouble". We spoke with a relative of another person who had been unwell. They told us, "My relative has been poorly for some time, everyone here is so kind to both of us".

Staff acknowledged people and chatted with them as they went about their work. For example, people told us housekeeping staff took an interest in what they were doing. One person said, "The cleaners are smashing, we always have a good chat". One member of the housekeeping team told us, "We are all a team here, I enjoy chatting to residents when I am cleaning".

Staff were aware of people's unique ways of communicating. For example, if people preferred to communicate and make choices through the use of body language. Where people found it difficult to communicate verbally or express their needs, staff were patient and took the time to check if they needed anything.

Staff responded promptly when people asked for help. Where people were not always able to ask for help staff were sensitive to their needs. For example, one person's care record noted they often felt cold and staff should ensure the person wore appropriate clothing. We heard one staff member tell another staff member, "I've just put a cardigan on (person's name) as she was getting a bit cold".

There were staff working in each area of the service who were dignity champions. A dignity champion is a person who promotes best practice in maintaining people's dignity in a positive way. During this inspection we observed experienced staff act as role models for the new members of staff and heard them discuss how people's privacy and dignity could be promoted. People confirmed staff respected their privacy and dignity. Staff addressed people in a polite manner and spoke discreetly to people about their personal care so that

other people in communal areas could not hear them. Staff knocked on people's doors and waited to be invited in before entering and ensured people's curtains and door was closed during care. One person told us, "It's all very private and respectful and they (staff) are very kind and gentle".

People's preferences were respected. For example, one person preferred to spend their time in the lounge in a particular chair. Another person was given a newspaper at breakfast time because they liked to spend their day reading the newspaper.

People were supported to be independent and were encouraged to do as much for themselves as possible. Care records reflected how people wanted to be cared for and what they were able to do themselves or where they needed support from staff. For example, one person's care record stated, "Able to wash own hands and face but needs assistance to clean teeth". Some people used equipment to maintain their independence. For example, walking frames and specialist cups and plates at mealtimes. Staff ensured people had the equipment when they needed it and encouraged people to use it.

Relatives told us the communication at the service was good and where people had given permission, or it was in a person's best interest, they had been fully informed about residents' care. For example, a relative said, "Staff are very good I'm always contacted if the GP is called".

Good

Is the service responsive?

Our findings

At our inspection in January 2015, we identified people did not always have records that were accurate or contain information about how they should be supported. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to send us a plan outlining what actions they would take to bring the service up to the required standard. At this inspection we found these actions had been completed.

Before people came to live at the home their needs had been assessed to ensure they could be met. People and their families confirmed they were involved in the planning and review of their care. People's care plans and risk assessments were regularly reviewed to reflect people's changing needs.

People benefitted from care that was planned and delivered in a person centred way. Care records contained detailed information about people's health, social care and spiritual needs. They reflected how each person wished to receive their care and support and gave guidance to staff on how best to support people. For example, one person's care record stated they were at risk of sustaining an injury from falling but wished to be independent when mobilising. Staff had requested advice and support from other professionals. It had been recommended the person wear protective padding such as hip protectors. The person's care record reflected this guidance and we observed this person wearing the hip protectors. Another person's care record detailed actions that should be taken to ensure the person was positioned correctly in a specialist chair. We observed this person was positioned in line with the instructions.

People were encouraged to have visitors when they wanted and to take part in a wide range of activities so they were not socially isolated. The service employed one activity coordinator, and was in the process of recruiting another. The activities coordinator was knowledgeable about people's life histories and used this knowledge to plan activities that were meaningful for people. Volunteers supported the activities team by befriending people and supporting them to be able to participate in the group activities. During this inspection we observed people taking part in a musical activity provided by a visiting entertainer. People were smiling and joining in with the singing. One person told us, "I really enjoyed the singer who came in this morning".

Activities were not seen solely as the remit of the activity coordinator. Staff took time to chat with people. Routine activities such as mealtimes were seen as opportunities for spending time with people to promote interaction and social stimulation.

The service was taking part in an activity project called 'Making of Me'. This involved the service working collaboratively with an external company to encourage people to participate in activities such as poetry, dance and drama. Staff were being mentored and trained by the organisation to deliver the sessions. People at the service had enjoyed the poetry sessions and had written poems and published them in a book. We spoke with one person about the project. They told us, "I quite like the activities; the poetry group is really good".

People and their relatives felt listened to and knew how to make a complaint. The provider had a complaints policy in place. Any concerns received about the quality of care were investigated thoroughly and recorded. The registered manager discussed concerns with staff individually in supervisions and more widely at team meetings to ensure there was learning and to prevent similar incidences occurring. One person told us. "I feel listened to. If anything goes wrong, after all to err is human, then it has always been resolved quickly".

Good

Is the service well-led?

Our findings

Since our last inspection in January 2015, an experienced registered manager had transferred from another of the provider's locations. The registered manager was being supported by an area management team and deputy manager. The management team was approachable and open and showed a good level of care and understanding for the people within the service. They had driven forward the required improvements, and had a clear plan for further changes and improvements to continue to improve the quality of service people received.

People and relatives were complimentary about the management team. People and staff told us the there was an open door policy and the management team would be available to them if needed. One person told us, "The new manager will always do their best to help you". Some people told us they did not know who the registered manager was and would like to be more visible around the service. One person said, "The manager has had a lot to do; It would be nice to see her more".

Visiting health professionals told us they had a good relationship with registered manager and staff. They felt the home provided a good quality service and staff and the management team communicated well with them.

Staff spoke positively about the recent changes in the service and how they felt supported by the registered manager. Comments included: "Since the new manager has been here a lot of things have been put in place, such as monitoring weight loss and documentation; things have improved". "I find the manager very helpful. She is approachable always happy to help me. I never feel that I am a nuisance, even if I am always asking because I am new to post" and "[name] has got strong managerial skills, which are complimented by strong clinical skills of the deputy".

Staff described a culture that was open with good communication systems in place. Staff were confident that the management team and organisation would support them if they used the whistleblowing policy.

The registered manager ensured that staff were aware of their responsibilities and accountability through regular supervision and meetings with staff. Staff felt able to make suggestions to improve people's care or the service. A daily meeting took place for unit leaders where important information about peoples care or the running of the service was discussed.

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. Where any shortfalls had been identified there was an action plan in place to address them. These actions had been followed up by senior staff to check the actions had been completed. For example, a cleaning audit had identified some areas of the service did not meet the providers standards of cleanliness. The numbers of housekeeping staff were increased and a schedule of deep cleaning was implemented. A follow up audit showed the standard of cleanliness at the service had improved.

There was a 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. The registered manager checked and audited the forms to identify any risks or what changes might be required to make improvements for people who used the service. For example, some people had been identified as at risk of falling and had sensor mats in place. The sensor mat alerted staff if the person started to move from their chair or bed. This meant staff could observe or support the person when they walked to reduce the risk of them falling. However, it had been noted that the sensor mats could slip on the flooring creating a further hazard. Non slip backing was ordered and fitted to all sensor mats at the service.

Accidents, incidents, concerns and complaints were also discussed during team meetings and during staff supervision to ensure lessons were learnt and to prevent similar incidences occurring.

People were actively encouraged to provide feedback through a satisfaction survey and meetings. People and their relatives told us they had been able to offer their views and suggestions about the running of the service. Minutes of the meetings were kept together with plans that demonstrated action was being taken as a result of any suggestions and feedback.