

# The Orders Of St. John Care Trust

## Shotover View

### 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:

Shotover View provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. On the day of our inspection 23 people were being supported by the service.

### People's experience of using this service

People told us staff were very caring. Staff's high commitment enabled people to receive excellent care from staff who knew them well. Staff supported people in their own time to pursue variety of personalised activities to prevent social isolation and promote their wellbeing. Events were provided that matched people's personal histories and interests. Feedback from people and their relatives showed their lives had been improved and enhanced by the support provided.

The registered manager and staff went the extra mile to provide safe care and support. The registered manager worked closely with the GP and other healthcare professions to ensure the service responded to people's changing needs safely and effectively. People's care was highly personalised and matched their needs, which promoted their wellbeing and improved their quality of life. Staff's compassion and empathy was exceptional and people and their relatives benefitted from this culture, particularly when people approached end of life.

Shotover View was well-led by a registered manager who continually looked for ways to improve people's lives. Staff culture was compassionate and caring and this had resulted in the provision of some exceptional care. The service had a clear management and staffing structure in place. Staff worked well as a team and had a sense of pride working at the service. The provider had quality assurance systems in place to monitor the quality and safety of the service.

People living at Shotover View received safe care from skilled and knowledgeable staff. People told us they felt safe receiving care from the service. Staff fully understood their responsibilities to identify and report any concerns. The provider had safe recruitment and selection processes in place.

Risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs. Medicines were managed safely, and people received their medicines as prescribed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice. People were very well supported to maintain good health and to meet their nutritional needs.

### Rating at last inspection:

At our last inspection we rated the service Good. Our last report was published in February 2017.

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 exceptionally caring

Details are in our Caring findings below

### Is the service responsive?

Good ●

The service was exceptionally 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

# Shotover View

## 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

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.

### Service and service type

Shotover View is registered to provide personal care for older people. This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support at the service. The accommodation is spread over three floors and comprises of 55 flats. The service had a manager who was 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 announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We looked at notifications received from the provider. A notification is information about important events which the

provider is required to tell us about by law. This ensured we were addressing any areas of concern. We also reviewed the provider's previous inspection reports.

#### During the inspection

We spoke with eight people. We looked at five people's care records and five medicine administration records (MAR). We spoke with three care staff, the team leader, the registered manager and the area operations manager. We reviewed a range of records relating to the management of the home. These included four staff files, quality assurance audits, incident reports, complaints and compliments. In addition, we reviewed feedback from people who had used the service and their relatives.

# 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.

Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe. One person said, "It's pretty safe here because the staff are helpful".
- People were cared for by staff that knew how to raise and report safeguarding concerns. One staff member said, "I would go and see [registered manager] and call CQC (Care Quality Commission)".
- The provider had safeguarding policies in place and the registered manager worked with the local authorities' safeguarding teams and reported any concerns promptly.

Assessing risk, safety monitoring and management

- Risks to people's well-being were assessed, recorded and staff were aware of these. The risk assessments covered areas such as falls, nutrition, medication, environment and emotional wellbeing. For example, one person was at risk of falling. Two staff were required to support this person to transfer ensuring they remained safe. We saw two staff were consistently deployed.
- The provider ensured there were systems in place to manage emergency situations such as evacuation in case of a fire.
- The provider had a system to record accidents and incidents, we saw appropriate action had been taken where necessary.

Staffing and recruitment

- The provider had enough staff on duty with the right skill mix to keep people safe. Staff told us there were enough staff. One member of staff said, "Yes there is enough staff, especially now we have recruited more".
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff.

Using medicines safely

- People received their medicines safely and as prescribed.
- The registered manager ensured people's medicine were administered by trained and competent staff. One member of staff said, "I do help residents with medicine, I am regularly checked to make sure I am safe".

Preventing and controlling infection

- Staff were trained in infection control and had access to protective personal equipment such as gloves and aprons. We observed staff following safe, infection control practice.
- The environment was spotlessly clean and well maintained.

### Learning lessons when things go wrong

- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff.
- The registered manager had introduced systems to reduce the risk of accidents reoccurring. For example, following a fall, people were referred to relevant healthcare professionals to reassess their support needs.



# 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.

Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider ensured people's needs were assessed before they came to live at Shotover View to ensure those needs could be met and individual care plans put in place.
- Assessments took account of current guidance. This included information relating to National Institute for Health and Care Excellence guidance, data protection legislation and standards relating to communication needs.
- People's expected outcomes were identified and care and support was regularly reviewed and updated.
- Appropriate referrals to external services were made to make sure that people's needs were met. People and relatives told us they were involved in the assessment and care planning process.

Staff support: induction, training, skills and experience

- People were supported by skilled staff that had ongoing training relevant to their roles.
- Staff completed an induction and shadowed experienced staff before working alone. Staff told us this gave them confidence.
- Staff told us they felt supported in their roles through supervision meetings with their line managers. One member of staff commented, "I am supported here by both the management and the team. I get supervision, so I get to have my say".

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

- Care plans contained details of people's meal preferences, likes and dislikes. Any allergies were highlighted.
- People were supported with their meals appropriately. One person said, "Because I have difficulty seeing, staff read out a list of meals for me to choose from".

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

- People were supported to live healthier lives through regular access to health care professionals such as their GP, occupational therapist or optician.
- Where appropriate, reviews of people's care involved relevant healthcare professionals.

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.

We checked whether the service was working within the principles of the MCA

Ensuring consent to care and treatment in line with law and guidance

- People were supported to make their own decisions. One person said, "Yes, they know what I need, and I can definitely make my own decisions".
- Staff worked to the principles of the MCA. We observed staff seeking people's consent in a routine fashion. One staff member said, "This protects resident's choices. I give choices and respect their decisions".

# 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, Good.

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

- Staff knew people well and used their knowledge to ensure people were treated as individuals. One member of staff supported a person to talk about their experiences when they were younger. It was clear the member of staff knew about the person's past.
- People were extremely positive about the care they received and told us staff were very caring. One person said, "They are very, very good. I don't know what I'd do without them". Another person said, "I find the care excellent, I like to be messy and they let me be messy".
- Staff were highly motivated and keen to support people to the best of their ability, treating them with dignity and respect. One person was socially isolated due to their condition and they were reluctant to leave their flat. Staff encouraged the person to come down to the lounge where other people were enjoying quizzes, jigsaws and puzzles. They sat with the person, engaging them in the activities. Staff gave up their lunch breaks to support this person. This person not only regularly attended the lunchtime sessions but also enjoyed trips to the local area, enhancing their confidence and well-being. This person's relative stated, "Shotover has met [person's] needs exceptionally well and helped her develop friendships with other residents at the scheme".
- Staff supported people in innovative ways. One person's relative had tragically died and staff supported the person to create a 'memory garden' for their relative. The garden was then entered in the Trust's annual garden competition. This comforted and empowered the person and we were told by staff, "This gave the person a real sense of belonging".
- Staff supported people to attend a local 'dementia group'. This was in staff's own time and meant people were able to form and maintain friendships and remain active in the local community. One person said, "They encourage you to take part in things and if you're not doing it, they talk to you and your relatives to encourage you".

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

- People and their relatives were fully involved in their care. Records showed staff discussed people's care on an on-going basis.
- One person told us, "I feel I'm making decisions about my care".

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect. One person said, "People [staff] are very nice

and respectful in the way they talk".

- People were supported to be as independent as possible. One person said, "I can be as independent as I want and am able to be". Another said, "Yes, I'm independent, I just get on with things. I do what I want but if I need help, someone would be there to help me".
- The provider ensured people's confidentiality was respected. Records containing people's personal information were kept in the main office which was locked and only accessible to authorised persons. We saw staff logging on and off computers when not in use. Staff were aware of the laws regulating how companies protect information.

# 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 remained Good.

This meant people's needs were met through good organisation and delivery.

### End of life care and support

- At the time of our inspection, no one was receiving end of life care. However, we saw evidence of staff going the extra mile when people reached the end of their life. For example, one staff member sat with a person throughout the night reading from the bible for them. Both staff and family knew how important and comforting this was to the person. When the person died staff escorted them out of the home on their final journey. The person's relatives were happy with this and asked for the wake to be held at the scheme, which went ahead. The service planted a tree in the garden area in memory of the person. The person's family wrote to the registered manager stating 'I would like to take this opportunity to thank you and the staff for the love, dedication and exceptional care. The staff made such a difference to her quality of life. You are amazing people who do an amazing job'.
- The funeral director who attended the scheme for another death, wrote to the registered manager how staff showed their respect, stating, 'I have been a funeral director for 15 years and I've never seen anything like this. Seeing the staff lined up waiting for us really choked me. Please pass on my gratitude to the staff because something so simple was actually quite exceptional'.
- People's preferences relating to end of life were recorded. These included funeral arrangements and preferences relating to support.

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

- People's diverse needs were actively supported. One person was a keen photographer and staff made cakes and arranged a 'public exhibition' for this person's work at the scheme. Visitors were encouraged to view the exhibition and write comments in a book provided. We saw photographs of the exhibition which, was a great success and the person was photographed showing visitors around and smiling. The registered manager told us, "This has greatly increased this person's self-worth, well-being and presence within the scheme". The person stated, "I had a wonderful time at the launch of my photo's".
- Staff were creative in supporting people with anxiety. One person could be particularly anxious, and staff knew the person loved animals. One staff member brought in their puppy to the scheme, so the person could see him in the office. We were told this reduced the person's anxiety. The puppy has been so successful at reducing people's anxiety that he now attends the scheme daily. The local 'dementia group' scheduled 'petting sessions' into their meetings as this has been seen to have such a positive effect on people.
- Staff supported people to maintain links with the local community. The scheme hosted local groups and meetings, which people were encouraged to attend. The local school held a weekly 'intergenerational

group' which is attended by pupils and people. The introduction of this activity to people had proved to be rewarding and beneficial for all parties involved. Staff reported to us that the crossing of generations created 'really amazing' moments for people living in the service. People who usually had difficulties with mobility became more active as a result of playing and engaging with the children. A strong relationship between the school and the scheme has developed and the school now regularly provides performances at the scheme. Staff also accompanied people into the local area.

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

- People received care and support specific to their needs, preferences and routines. People's care plans reflected individual needs with clear guidance for staff to follow to ensure person centred care.
- Care plans included information about people's personal preferences and were focused on how staff should support individual people to meet their needs. For example, due to one person's condition they were referred to an occupational therapist who provided staff with guidance relating to this person's posture and comfort when sitting. This included photographs to help guide staff position this person correctly.

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.

- Staff communicated well with people, ensuring they understood what was being said and the choices they were being offered. We observed staff communicating with people, taking time to ensure the person understood what was being said. Staff crouched down to people's eye level and maintained eye contact. This meant people were informed and enjoyed interaction that reduced social isolation.
- Where required, information was provided to people in a format that was accessible to them and we saw accessible information was embedded in care plans. Information was available in large print, foreign languages, braille and picture formats. One person had requested information in 'easy read' format and this was provided.

Improving care quality in response to complaints or concerns

- The provider had effective systems to manage complaints and the records showed any concerns raised were recorded, fully investigated and responded to as per the provider's policy.
- One person said, "If I had a problem I'd talk to the carer's, but I haven't needed to do so. I think they'd do something if I did".
- Where people raised informal concerns or ideas, action was taken to address them. For example, improvements to activities for some people were requested. Activities and people's participation were reviewed and as a result, staff recorded an increase in people's participation.

# 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.

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Throughout our visit we saw the registered manager interacting with people and staff. It was clear people knew the registered manager and they engaged with them in a familiar and relaxed manner. People greeted the registered manager with smiles.
- One person told us they knew the registered manager. They said, "I know [area operations manager] and [registered manager], I see them downstairs. Yes, I feel happy talking to them. I think it's well managed and if it wasn't I'd say so. There are no problems, at the moment".
- There was a clear leadership structure which aided in the smooth running of the service. Staff were aware of their roles and responsibilities and took pride in their work and supported each other to ensure good care was provided.
- The registered manager had effective quality assurance systems in place. These included, audits of medicine records, care planning, staff files and quality satisfaction surveys. This allowed the registered manager to drive continuous improvements. For example, one audit identified a training requirement for staff. We saw this training had been booked.

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

- Staff were complimentary of the support they received from the registered manager and provider. Staff comments included; "She [registered manager] is nice, really down to earth and I can go to her with problems" and "[Registered manager] is approachable and works well with the team".
- The provider successfully maintained an open and transparent culture which contributed to staff work satisfaction and in turn the staff delivering good care for people. The provider knew people and their relatives at a personal level and we saw the provider interacting with people throughout the day.
- One person commented, "I think the service is well run. There was a problem recently that was sorted out."
- The Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager understood their responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality

#### characteristics

- The provider involved people in various ways. People and their relatives had opportunities to attend meetings and raise any comments via an open-door policy at any time.
- Surveys were regularly conducted. The results from the latest survey were very positive. People's views were also sought through 'care quality visits'. People were able to discuss issues and raise concerns. For example, where people had problems with building maintenance the registered manager forwarded these issues on to the building provider.

#### Working in partnership with others

- Records showed the provider worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.