

The Orders Of St. John Care Trust

OSJCT Florence Court

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

This inspection took place on 21 and 22 June 2017 and was announced, which meant the provider knew we would be visiting. This was so the provider could help us to make contact with as many people who use the service as possible.

OSJCT Florence Court is an extra care housing service which provides personal care to older people and people with a physical disability who have their own flat in the complex. The inspection was carried out by one inspector. At this inspection we found the service remained Good, and has been fully compliant with the regulations looked at during each inspection since March 2013.

A registered manager was employed by the service and they were present on the second day of the inspection. 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.

OSJCT Florence Court had a clear management structure and a registered manager, who was described as having a "hands on and open approach and was always available to offer support and guidance." The senior team worked closely with staff ensuring the day to day practices were closely monitored.

There was a stable management team who took appropriate action to make sure they provided a safe and reliable service. People, relatives and staff told us they were encouraged to raise any issues of concern, and they were confident they would be taken seriously and action would be taken.

The registered manager worked closely with other agencies and promoted an open and transparent culture with a strong emphasis on continually striving to improve the service. There were effective systems in place to monitor the quality and safety of the service provided and the provider had a clear plan on further development of the service.

People told us they were safe. Staff knew how to report any safeguarding concerns and were aware of the provider's whistle blowing policy.

People received care and support from staff they knew well and had built trusting relationships with them. Comments from people were extremely complimentary about the staff who visited them.

People were treated with respect and dignity and were encouraged to make choices.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

OSJCT Florence Court

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 is 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.

At the previous inspection in October 2014, the service was rated good, and was part of testing phase of our new approach to regulating adult social care services.

This was a comprehensive inspection and took place on 21 and 22 June 2017 and was announced. The inspection was carried out by one inspector.

Before we visited we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. We reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who use the service. We spoke with six people who receive personal care and support from staff and four relatives about their views on the quality of the care and support being provided to their family member. During our inspection we looked around the premises and visited people who received the service. We observed the interactions between people using the service and staff. We spoke with five staff who worked at the service. We spoke with the registered manager and three area managers.

We looked at documents that related to people's care and support and the management of the service. We reviewed a range of records which included six care and support plans and daily records, staff training records, staff duty rosters, staff personnel files, policies and procedures and quality monitoring documents.

Following the inspection we contacted a number of external health and social care professionals to obtain their views about the service.

Is the service safe?

Our findings

People described how the service was safe as being "knowing who will be coming to help me and when makes me feel safe, I know the staff and the manager, all very good at their jobs." Another person described how the staff used equipment correctly to help then re-position and that made them feel "safe and secure." A relative said "they record everything, so nothing is missed. Each mark or bruise is reported, they don't miss a trick because they know me & X so well, I am confident in their ability to make sure X is safe."

We looked at the arrangements in place for safeguarding vulnerable adults from abuse and the way the service managed any allegations or suspicions of abuse. Safeguarding policies and procedures were in place which provided guidance and information to staff. The registered manager and the staff we spoke with explained how they would report safeguarding concerns to the appropriate organisation. . Without exception, each of the staff we spoke with said they were confident any concerns raised would be listened to and acted upon. We saw records to show the local authority had been informed as appropriate of such concerns, and where necessary action had been taken in order to keep people safe.

We saw that people were relaxed with the staff who were supporting them and did not hesitate to seek support or assistance from any of the staff members present during our inspection. For example, one person sought reassurance from several different staff throughout the day, staff were patient and listened and provided the support the person wanted. This indicated that people felt safe around the staff members.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Risk assessments we saw covered areas such as personal care, accessing the community and support with moving and handling. We looked at four care plans with the person it related too. Each included detailed information for staff about how the person wanted to receive support and care. Staff were able to describe the importance of having these plans in place to minimise risks, and how to support the person appropriately.

People's medicines were managed so they received them safely. Staff had been trained to administer medicines safely and training records confirmed this. Medication administration record (MAR) sheets had been completed and signed by staff appropriately. Everyone we spoke with was able to manage their own medication, or with the support of their main carer such as their spouse.

Staffing levels were assessed and monitored by the registered manager to ensure there were sufficient staff available to meet people's needs at all times. They told us the staffing allocation was flexible and that if additional staffing was required for such things as outings or appointments then this would be provided. We saw people received care when they needed it and routines were carried out in a timely manner. An area manager explained the service had recently undergone a successful recruitment drive which had resulted in staff describing the staff team as being "stable."

There were enough staff on duty to ensure people's needs were met. Staff we spoke with felt there was enough staff on duty to meet people's needs and could seek additional support if required. The service had

access to an on-call service to ensure management support and advice could be accessed at any time.

People were protected from the risk of being cared for by unsuitable staff. Safe recruitment and selection processes were in place to protect people receiving a service. Appropriate checks had been carried out before staff worked with people. This included seeking references from previous employers relating to the person's past work performance. New staff were subject to a Disclosure and Barring Service (DBS) check before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. We looked at the files for four staff members. Records confirmed that appropriate checks had been undertaken.

We saw systems in place for recording, reporting and analysing all accidents and incidents. Appropriate action had been taken where necessary. For example, medical assistance was sought if needed. Regular audits were carried out to identify any trends or patterns.

The service had access to an on-call service to ensure management support and advice could be accessed at any time, and a contingency policy and plan in place for unexpected events such as power failure or adverse weather. The registered manager explained the service had reviewed their fire procedures following a large tower block fire in London.

Is the service effective?

Our findings

People were supported by skilled and knowledgeable staff that knew people well. People and relatives complimented staff. Comments included: "staff are very observant and give me the care and support I need" and "I am asked if everything is ok, they are always checking that I'm ok." A relative told us they felt "at ease knowing X is cared for, and can get in contact with staff if there are any problems, this makes me feel reassured X is receiving the correct level of support."

New staff completed a thorough induction to ensure they had the skills and confidence to carry out their roles and responsibilities effectively. This included the Care Certificate which covers an identified set of standards which health and social care workers were expected to adhere to. The induction period also included staff shadowing experienced staff members. Records we viewed showed staff had received the necessary training to meet the needs of the people using the service.

People were supported by staff who received regular supervision. Staff received regular 'Trust in conversation' [one to one meetings which throughout the year gathered information for the annual appraisal of the staff performance] with their line manager. These meetings enabled them to discuss progress in their work; their training needs and development opportunities. During these meetings there were opportunities to discuss any difficulties or concerns staff had and any other matters relating to the provision of care. Staff we spoke with said they received "very good support" from the registered manager. There were senior support workers employed by the service. This meant staff had access to guidance and support from a range of experienced people.

People were supported to maintain good health and had access to healthcare services as required. This included GPs, specialist nurses and occupational therapists. Contact with health professionals and any suggestions or guidance was recorded in people's records. This showed people's day-to-day health needs were met.

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. It is important a service is able to implement the legislation in order to help ensure people's human rights are protected. The registered manager and staff demonstrated they understood the principles of the MCA and put them into practice.

Each person we spoke with described how they were asked for their consent and care staff acted in accordance with their wishes. People's individual preferences were acted upon, such as how they wanted their personal care delivered.

Staff told us they had attended Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. This was to ensure that staff had the skills and knowledge to be able to act in accordance

with legal requirements to protect people's rights if they lacked mental capacity to make certain decisions. During our inspection we observed staff supporting people to make decisions about their daily living and care. For example, people were asked if they wanted a snack or drink or if they wanted to go out. Staff sought consent from the person before undertaking any care tasks. Staff said people were always offered choice, for example, what they wanted to eat and drink and how they wanted to spend their day.

We saw people being treated with respect and given time to make day to day choices. We observed that staff respected the decisions people made. A health professional told us "People are involved where possible, dependent on capacity to specific decisions, families, carers and other professionals as appropriate." There was information available on a large notice board, such as advocacy services, the services values and how people should expect to be treated, and what to do if they had any concerns.

Is the service caring?

Our findings

People and their relatives praised the staff. Comments included: "I can't fault the carer, she's on time, gives me my full half an hour and is very thorough, very cheerful and caring."

Staff demonstrated their awareness of people's likes, dislikes and their care needs. People's care plans extensively documented essential information on their preferences and life experiences to help ensure they received person centred care in their preferred way.

Staff knew people and their needs extremely well and had developed caring relationships. We observed kind and respectful interactions where people were given time to express themselves fully. Staff were responsive to requests for support and reassurance. For example, one person showed signs of agitation, staff immediately responded to this person by offering them support and reassurance. They spent time with the person engaging them in an activity until they were no longer feeling distressed. We observed that this support had a positive impact on the person's emotional wellbeing. We saw that when people were approached by staff they responded to them with smiles or by touching them which showed people were comfortable and relaxed with staff. Staff took their time with people and did not rush or hurry them.

Staff were aware of the importance of respecting people's rights to privacy and dignity. When people received personal care staff told us they made sure this was done behind closed doors and at a pace appropriate for the person. People confirmed the support provided ensured their dignity.

The registered manager explained the importance for them of recruiting staff who shared their ethos and values which included staff being caring and passionate about their job role. Staff we spoke with understood the vision and values promoted by the registered manager. One member of staff told us "we discuss the values of the service all of the time and treat people as we would want to be treated."

People were supported to maintain relationships with their family and friends. The registered manager took time to promote the service and to bring people in from the 'outside' community. For example, as the service provides housing as well as care to people, they live in self-contained flats with communal areas such as lounge and dining room. The service employs a chef who cooks lunch time meals for people if they want a meal. The service has a hairdressing salon, all communal areas were open to people from the local communities. On the day of our inspection we observed people enjoying lunch and conversation with other each other. Two people described how they enjoy attending 'tea and cake' afternoons held in the dining area each Friday, as it gave them an opportunity to "have a chat and socialize."

Is the service responsive?

Our findings

People's care and support was planned proactively in partnership with them, their relatives and appropriate health professionals. People received person centred care from staff who promoted each person's health, well-being and independence. For example, the addition of a post delivery box in the front entrance had given one person 'an improved sense of purpose' as they felt "like part of the team" and stated that "it gives me purpose and a reason to go out each day to post the letters in a local post-box."

The service was flexible and responsive to people's individual needs. They were committed to being creative and finding ways to enable people to live full lives and continue to be independent. There were arrangements in place for people to access social activities based on their preferences and interests. For example, events to celebrate special events had been arranged to encourage social inclusion. The registered manager explained "wakes" have been held in our communal lounge giving people the opportunity to grieve for their friends and neighbours. There were close links with 'Medvivo' [a community response service, that provide a single point of access to health and social care professional for services such as falls management]. This enabled the service to provide an efficient responsive service as and when people needed it.

Care plans were in place which extensively detailed people's routines and preferences and how each person would like to receive their care and support. Staff told us they had access to people's care plans and understood the care and support people required. They confirmed people's needs were reviewed each day during handover meetings between staff to make sure they were aware of any changes that were required to people's care. Each of the care files we saw had been reviewed and the information within them was accurate and up to date. Risk assessments were in place to support people to access activities safely.

People, relatives and staff were actively encouraged to share their views and raise concerns or complaints. Feedback was valued and the registered manager who saw it as an important part of ensuring improvements were made where necessary. We saw a copy of the complaints policy. Records of complaints showed they were responded to in a timely way and action taken. People, relatives' and staff described the manager as being "very open and honest" and one relative said "the smallest issues are dealt with immediately, therefore they don't escalate."

We saw feedback from people gathered during regular 'client care quality visits' to people. Comments included; "lovely girls, supportive, aware of who to go to if had any concerns."

Is the service well-led?

Our findings

People received a high standard of care because the management team led by example and set high expectations of staff about the standards of care people should receive. The registered manager has been registered with us since November 2016, and was committed to giving the staff team a clear focus and guidance on the care and support people required. It was evident the registered manager took pride in the service and strove to improve the quality of care for people.

During our inspection we observed people were relaxed and comfortable in the presence of both the registered manager and the Domiciliary Care Agency manager. People did not hesitate to approach them both for support and interaction. People described the registered manager as being "very hands on and a good listener". Every staff member we spoke with told us they thought the service was very well managed and they had confidence in the ability of the registered manager to ensure the service was run well. One staff member said, "Easy to approach, can go in to the office any time, she always has time, never says I am too busy". Another staff member said, "Very easy to approach, flexible, willing to support staff development". Each of the staff said they felt valued, and enjoyed working in the staff team. The provider acknowledged staff achievements such as long service, by awarding staff.

The service had a track record of being fully compliant with the regulations since March 2013.

Throughout our inspection the atmosphere at the service was very positive, welcoming and friendly. Visitors and families confirmed this was always the case. Comments included: "the staff are friendly, nothing is too much trouble, they know what is expected of them."

The registered manager worked alongside organisations such as Age UK to promote their understanding of what was good practice. The registered manager also attended a National Care Forum where they could discuss common issues and share knowledge and best practice with other providers of care services. There were designated champions for Dementia, Infection Control and two Moving & Handling Trainers. Each month a policy was chosen as "policy of the month" for staff to read and discuss.

Staff said they had various opportunities, and were encouraged to raise any suggestions about how the service was run and the care people received. This was during staff meetings and during their 'trust in communication' meetings.

Accidents and incidents were investigated and plans put in place to minimise the risks of re-occurrence. These were reviewed by the registered manager to identify if there were any trends or patterns. They recorded what actions they had taken to minimise the risk and also learned from mistakes by ensuring actions were put in place to prevent re-occurrence.

The provider had effective systems in place to monitor the quality of care and support that people received. The provider had area managers, who visited the service each month to complete an operational review. These reviews included assessments of incidents, accidents, complaints, training, staffing and medicines.

The registered manager explained they visited other services to carry out audits of the service, and said "it is an opportunity to share best practice and ideas, as well as having 'fresh eyes' to review the quality. Any actions from these reviews were collated by the registered manager and updated each month to report on progress in meeting them.

The service received several compliments from visiting professionals, we saw one from a Paramedic who 'praised one particular member of staff for the knowledge of a person and how they dealt with an emergency situation.'

The registered manager ensured they met their legal statutory requirements to inform the relevant authorities including Care Quality Commission (CQC) of notifiable incidents. The registered manager worked closely with the local authority safeguarding team to ensure people were kept safe. They recorded and investigated any near misses and ensured lesson learned was shared with all who needed to be informed. This showed an open and inclusive culture and an understanding of the Duty of Candour. The Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received.