The Orders Of St. John Care Trust

OSJCT Beckside

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

OSJCT Beckside is registered to provide accommodation, personal and nursing care for 58 older people. There were 53 people living in the service at the time of our inspection. The accommodation is a purpose built, single storey property. It is divided into six self-contained units or 'households' each of which has its own communal facilities and bedrooms. The households are called Maple, Holly and Willow in each of which nine people who need personal care can live. Another household is called Elm where 10 people who need personal care can live. The remaining households are called Chestnut and Beech each of which is reserved for 10 people who require personal and nursing care.

The service was run by a company that was the registered provider. At this inspection the company was represented by one of their area operations managers. There was a registered manager in post. 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. In this report when we speak about both the company (as represented by the area operations manager) and the registered manager we refer to them as being, 'the registered persons'.

A small number of the people who were accommodated in the service lived with dementia. However, the registration of the service did not include this group of people. We raised this matter with the registered persons who said that they would immediately apply to us to correct the service's registration.

At the last inspection on 19 November 2014 the service was rated Good.

At this inspection we found the service remained Good.

This inspection was unannounced and was carried out on 5 and 6 June 2017.

Nursing and care staff knew how to keep people safe from the risk of abuse. Although people had been helped to avoid most preventable accidents additional steps needed to be taken to keep people safe when using the gardens. Medicines were safely managed and there were enough staff on duty. Most of the necessary background checks had been completed before new nursing and care staff had been appointed.

Although some care staff had not received all of the training the registered persons said they needed, they knew how to care for people in the right way. People enjoyed their meals and were helped to eat and drink enough. They had also been supported to obtain all of the healthcare assistance they needed.

People were supported to have maximum choice and control of their lives and nursing and care staff supported them in the least restrictive way possible. Policies and systems in the service supported this practice.

People were treated with compassion and respect. Nursing and care staff recognised people's right to privacy and promoted their dignity. People had access to lay advocates and confidential information was kept private.

People had been given all of the nursing and personal care they needed and they had been supported to pursue their hobbies and interests. There was a system for quickly and fairly resolving complaints.

People had been consulted about the development of their home and quality checks had been completed to ensure that people received safe nursing and personal care. Nursing and care staff were supported to speak out if they had any concerns and good team work was promoted. People had benefited from nursing and care staff acting upon good practice guidance.

Further information is in the detailed findings below.

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 remained Good.	**Good**
Is the service effective? The service remained Good.	**Good**
Is the service caring? The service remained Good.	**Good**
Is the service responsive? The service remained Good.	**Good**
Is the service well-led? The service remained Good.	**Good**

OSJCT Beckside

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 was planned to check whether the registered persons continued to meet 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.

Before the inspection, the registered persons completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the local authority who contributed to the cost of some of the people who lived in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 5 and 6 June 2017 and the inspection was unannounced. The inspection team consisted of a single inspector.

During the inspection we spoke with 12 of the people who lived in the service and with two relatives. We also spoke with two senior care workers, six care workers, the activities coordinator, a chef, the administrator, a housekeeper and the head of housekeeping. In addition, we met with two nurses, the head of care, the registered manager and one of the company's area operations managers. We observed care that was provided in communal areas and looked at the nursing and personal care records for six people who lived in the service. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

In addition, 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 speak with us.

After our inspection visit we spoke by telephone with a further three relatives.

Good

Is the service safe?

Our findings

People told us that they felt safe living in the service. One of them said, "I've settled here faster than I thought I would as everyone is so kind'. Another person who lived with dementia and who had special communication needs smiled broadly when we pointed towards a passing member of care staff. Relatives were confident that their family members were safe. One of them remarked, "I absolutely can't fault the staff who are just how they should be."

Records showed that nursing and care staff had completed training and had received guidance in how to keep people safe from situations in which they might experience abuse. We found that nursing and care staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. They were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. They knew how to contact external agencies such as the Care Quality Commission and said they would do so if they had any concerns that remained unresolved.

Measures were in place to help people avoid preventable accidents. These included hot water being temperature controlled and radiators being guarded to reduce the risk of scalds and burns. In addition, people were provided with equipment such as walking frames and raised toilet seats to reduce the risk of falls. However, additional steps needed to be taken to ensure that people only went into the gardens on their own when it was safe for them to do so. The registered persons assured us that the necessary improvements would quickly be made to address our concern.

There were reliable arrangements for ordering, administering and disposing of medicines. There was a sufficient supply of medicines and senior care staff who administered medicines had received training. We saw them correctly following written guidance to make sure that people were given the right medicines at the right times. Records showed that in the 12 months preceding our inspection visit there had been an incident when a medicine had not been administered in the correct way. The registered manager said that the person concerned had not experienced any direct harm as a result of the mistake. Records also showed that the registered manager had established what had gone wrong and had taken appropriate action to reduce the chance of the same thing happening again. This included a senior member of care staff receiving additional training so that they knew how to correctly follow the relevant policies and procedures.

Records showed and staff confirmed that there was always a nurse present in the service. Although the record of the number of care staff on duty was not always accurate, in practice we found that there were enough care staff on duty to provide people with the assistance they needed. The registered persons told us that in future an accurate record would be kept of all care staff who were on duty in the service. They said that this would better enable them to be sure that there were always enough care staff on duty to respond quickly to people's current and changing needs for care.

We examined records of the background checks that the registered persons had completed when appointing two new care staff. We found that in relation to both people the registered persons had not obtained a suitably detailed account of their employment history. This had reduced their ability to

determine what background checks they needed to make. In addition, in relation to one person some of the checks that the registered persons considered to be necessary had not been completed. These shortfalls had limited the registered persons' ability to assure the applicants' previous good conduct and to confirm that they were suitable people to be employed in the service.

However, a number of other checks had been undertaken. These included checking with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. In addition, we were told that no concerns had been raised about the conduct of the members of staff concerned since they had been appointed. Furthermore, the registered persons assured us that the missing checks for the two staff in question would be completed and that service's recruitment procedure would be strengthened to ensure that all new staff were recruited in the right way.

Good

Is the service effective?

Our findings

People told us that care staff knew what they were doing and had their best interests at heart. One of them remarked, "I get on well with the staff". Relatives were also confident about this matter. One of them said, "I think that the staff here do a great job and that as a result the people who live here are very well cared for."

Although some care staff had not received all of the refresher training the registered persons said they needed, in practice care staff knew how to care for people in the right way. Examples of this were care staff knowing how to correctly assist people who needed support in order to promote their continence. Another example was care staff knowing how best to help people to keep their skin healthy. This included knowing how to prevent people from developing sore skin and the action to take if this occurred. The registered manager told us that the nurses remained registered with their professlonal body and therefore had been confirmed as being competent to complete their clinical duties.

People told us that they enjoyed their meals with one of them remarking, "The food is pretty good really and there's a good amount of variety and it's not too repetitive." Records also showed that people were offered a choice of dish at each meal time and when we were present at lunch we noted that the meal time was a relaxed and pleasant occasion.

We found that people were being supported to have enough nutrition and hydration. People had been offered the opportunity to have their body weight regularly checked so that any significant changes could be brought to the attention of a healthcare professional. We also noted that care staff were making sure that people were eating and drinking enough to keep their strength up. This included assisting some people to eat their meals and gently encouraging others to have plenty of drinks. In addition, the registered manager had arranged for some people who were at risk of choking to have their food specially prepared so that it was easier to swallow.

Records confirmed that people had received all of the help they needed to see their doctor and other healthcare professionals such as dentists, opticians and dietitians.

The registered manager and nursing and care staff were following the Mental Capacity Act 2005 by supporting people to make decisions for themselves. They had consulted with people who lived in the service, explained information to them and sought their informed consent. An example of this occurred when we saw a nurse explaining to a person why it was advisable for them to take all of the medicines at the right times. This was necessary as the person sometimes chose to delay accepting their medicines.

Records showed that when people lacked mental capacity the registered persons had ensured that decisions were taken in people's best interests. An example of this was the registered manager liaising with relatives and healthcare professionals so that a person who lived with dementia could move to another service. This was in their best interests as the new service was more able to offer the person the special assistance they needed.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed that the registered persons had made the necessary applications for DoLS authorisations so that people who lived in the service only received lawful care.

Good

Is the service caring?

Our findings

People were positive about the care they received. One of them said, "The staff are very helpful and I get on well with them". Relatives also told us that their family members were treated in a compassionate way. One of them remarked, "I call to the service quite regularly and I've never seen anything other than people being treated with kindness."

We saw that nursing and care staff were friendly, patient and discreet when caring for people. They took the time to speak with people and we witnessed a lot of positive conversations that promoted people's wellbeing. An example of this occurred when a person became upset because they could not decide whether they wanted to go into the garden. A member of care staff noticed them becoming anxious and suggested that they both have a cup of tea instead as it was a very windy day. Shortly afterwards we saw them both sitting by a window and having a drink while they looked at plants being buffeted by the wind.

Nursing and care staff were considerate. We saw them making a special effort to welcome people when they first moved into the service so that the experience was positive and not too daunting. Other examples included nursing and care staff asking people how they wished to be addressed and establishing what times they would like to be assisted to get up and go to bed. Another example was care staff asking people if they wanted to be checked during the course of the night.

We noted that nursing and care staff recognised the importance of not intruding into people's private space. Bathroom and toilet doors could be locked when the rooms were in use. In addition, people had their own bedroom which they could lock and which they had been encouraged to make into their own personal space. We also saw nursing and care staff knocking and waiting for permission before going into bedrooms, toilets and bathrooms.

We found that people could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wished. In addition, nurses and care staff assisted people to keep in touch with their relatives by telephone and also by means of the internet. Furthermore, the registered manager had developed links with local lay advocacy services. Lay advocates are independent of the service and can provide people with advice and support about their rights.

Written records that contained private information were stored securely. In addition, computer records were password protected so that they could only be accessed by authorised staff.

Good

Is the service responsive?

Our findings

People said that nursing and care staff provided them with all of the nursing and personal care they needed. One of them remarked, "The staff are very good and they give a lot of help morning, noon and night." Relatives were also positive about the assistance their family members received. One of them told us, "In general, I do think that the care is good. The ladies and gentlemen are always neatly dressed, the beds are made and clean and you can just see that people are well cared for."

We noted that nursing and care staff had carefully consulted with each person about the assistance they wanted to receive and had recorded the results in an individual care plan. These care plans were regularly reviewed to make sure that they accurately reflected people's changing wishes. Records confirmed that each person was receiving the nursing and personal care they needed as described in their individual care plan. This included help with managing medical conditions, washing and dressing and using the bathroom.

Nursing and care staff were able to provide reassurance for people who lived with dementia when they became distressed. We saw that when this occurred staff followed the guidance in the people's care plans so that they supported them in the right way. An example of this was a person who was becoming upset because they could not clearly remember how many grandchildren they had. A member of care staff gently pointed to photographs of the grandchildren that the person had displayed on their bedroom wall. This helped the person to recall each of their grandchildren after which they were happy to discuss with the member of staff what each of them was doing at school and at college.

Nursing and care staff understood the importance of promoting equality and diversity. We noted that arrangements had been made for people to meet their spiritual needs by attending a religious service. In addition, the registered manager was aware of how to support people who had English as their second language, including being able to make use of translator services. We also found that suitable arrangements had been made to respect each person's wishes when they came to the end of their life. An example of this was nursing and care staff making relatives welcome so that they could stay with their family members during their last hours to provide comfort and reassurance.

People told us that there were enough activities for them to enjoy. One of them said, "There's something going on most days here. Even if don't join in I quite like to watch." Records showed that people were being offered the opportunity to enjoy a wide range of social events including arts and crafts, quizzes, gentle exercises and games such as carpet bowls.

People told us that they had not needed to make a complaint about the service. However, they were confident that if there was a problem it would be addressed quickly. We noted that there was a complaints procedure that described how the registered persons intended to respond to concerns. Records showed that in the 12 months preceding our inspection visit the registered persons had received four formal complaints from relatives. We saw that on each occasion the registered persons had correctly followed their procedure to quickly and fairly resolve the matters concerned.

Good

Is the service well-led?

Our findings

People told us that the service was well run. One of them said, "I think that this place is pretty much how it should be and is well sorted." Relatives were also complimentary about the management of the service with one of them remarking, "It's well organised in general. There are annoying things like laundry going missing but they do their best and I'm confident in the service."

Documents showed that people had been regularly invited to attend residents' meetings at which care staff had supported them to suggest improvements to their home. We noted a number of examples of these suggested improvements being put into effect. These included changes being made to the menu and new destinations being arranged for trips out. We also noted that relatives had regularly been offered the opportunity to meet with the registered manager to discuss how well the service was doing. Records showed that the registered manager had responded to relatives' recommendations. These included helping them to identify items of clothing that had become misplaced in the service's laundry system.

Records showed that the registered persons had regularly checked to make sure that people were reliably receiving all of the nursing and personal care they needed. These checks included making sure that nursing and personal care were being consistently provided in the right way, medicines were being dispensed correctly and staff had the knowledge and skills they needed. In addition, records showed that fire safety equipment, hoists and kitchen appliances were being checked to make sure that they remained in good working order.

Nursing and care staff were provided with the leadership they needed to develop good team working practices. We found that there were handover meetings at the beginning and end of each shift when developments in each person's needs for nursing and personal care were noted and reviewed. In addition, there was an open and inclusive approach to running the service. Nursing and care staff were confident that they could speak to the registered persons if they had any concerns about the conduct of a colleague.

We also noted that people who lived in the service had benefited from nursing and care staff acting upon good practice guidance. An example of this was the head of care using professional websites and liaising with healthcare professionals to develop new ways to support people who are approaching the end of their lives. This had enabled the head of care to begin carefully introducing personal momentos for people to help them recall times of fulfilment and happiness in their lives. This use of good practice guidance contributed to the promotion of positive outcomes for the people concerned.