

# The Orders Of St. John Care Trust

## OSJCT Whitefriars

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

OSJCT Whitefriars is a residential care home providing personal and nursing care to 53 people aged 65 and over at the time of the inspection. The home can support up to 57 people.

The accommodation is a purpose built, single storey property. It is divided into five self-contained units or 'households' each of which has its own communal facilities and bedrooms. The households are called Fern, Poppy, Lavender and Primrose in each of which nine people can live. The other household is called Jasmine where 20 people can live. All the households are intended to accommodate people who live with dementia, with Primrose and Jasmine being reserved for people who need the most support.

### People's experience of using this service and what we found

People were happy and content living at the home and we received only positive comments about people's experience at the home. There was a positive culture in the home with the registered manager and staff putting people at the centre of everything they did. People were encouraged to be involved in the running of the home and to voice their opinions on the care they received.

People were supported to make decisions for themselves and were offered choices about the food they ate and how they spent their time. Where people were unable to make a decision about if they wished to live at the home their rights had been protected under the Mental Capacity Act 2005.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by staff who received the training and support necessary to provide safe care. People told us staff were kind and caring. There were enough staff to ensure people received their care in a timely manner. Staff had received training in how to keep people safe from abuse and raised concerns appropriately.

Risks to people had been identified and care plans contained all the information staff would need to provide safe individualised care to people. Care plans have been reviewed and updated when people's needs had altered.

The environment had been designed to support the independence of people living with dementia. Signage was available in picture as well as text format. It was well maintained and supported people's well-being.

The provider's policies and procedures reflect best practice guidance and staff worked in line with the policies. Medicines were safely managed and effective infection control processes were in place.

The provider had effective systems in place to monitor the quality of care provided. They had built strong ties to the local community. The provider had engaged with research organisations to investigate the current guidance of the needs of people living in a care home.

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

#### Rating at last inspection

The last rating for this service was requires improvement (published 13 July 2018).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# OSJCT Whitefriars

## 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, an assistant 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.

OSJCT Whitefriars is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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 used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and five relatives about their experience of the care

provided. We spoke with eleven members of staff including the area operations manager, registered manager, head of care, the dementia lead, care workers, the activities coordinator, housekeeping and maintenance people and the assistant chef.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- At the last inspection while risks were assessed, there was limited information about actions taken by staff to reduce the risks. At this inspection we found the provider had made improvements.
- People had their risk of harm assessed and regularly reviewed. Care plans reflected their needs and supported staff to provide safe care.
- People told us how staff supported them to move safely around the home. One person said, "I can get about with my frame, but they insist [a member of staff] comes with me just in case I have a tumble." Another person said, "I trust them [staff] implicitly when I'm being moved."
- Staff had training in supporting in people when they became distressed. They took advice from healthcare professionals when people's needs changed to ensure care was given in line with the latest guidance.

### Staffing and recruitment

- At the last inspection we found at times staff had been slow to respond to people's call bells. At this inspection we found the provider had taken action to reduce the time people had to wait for care.
- People told us staff were responsive when they called for help. One person said, "As two carers [members of staff] are needed to move me, sometimes there can be a bit of a wait but it doesn't happen often." Another person told us, "There's never much of a wait."
- Staffing levels met the needs of people who lived at Whitefriars. There was an ongoing recruitment programme in place. Staff told us that they had enough time to provide care in a calm, person centred way.
- The registered manager had followed safe recruitment processes and had ensured people working at the home were safe to work with the vulnerable people living there.

### Using medicines safely

- At the last inspection we found medicines had not always been managed in line with best practice. At this inspection we found the provider had made the necessary improvements.
- People told us they were happy with the way staff managed their medicines and always received them in a timely fashion. One person told us, "I get my tablets near enough the same time."
- Medicines systems were organised. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Staff had received training in the safe handling of medicines and supported each person to take their medicines in their preferred way.

### Systems and processes to safeguard people from the risk of abuse

- There were systems and processes to make sure people were kept safe. Staff knew how to raise concerns, and some had done so in the past. For example, when they had heard a person speaking inappropriately to

a person living at the home.

- When concerns were raised the registered manager worked with the local authority safeguarding team to investigate the concerns. Where needed action was taken to keep the person safe from further harm.
- The provider had safeguarding and whistleblowing policies and procedures in place and provided staff with information on how to contact the local authority safeguarding team. This ensured that staff were aware of how to raise concerns both with the organisation and with external agencies.

#### Preventing and controlling infection

- The home was clean and well maintained. Staff were aware of best practice in how to minimise the risk of infection. We saw staff used protective equipment correctly and ensured that they change it in line with infection control policies.
- The infection control lead attended meetings with the local authority about best practice in infection control. They ensure that best practice was followed in the home.
- We did identify a minor issue in the laundry and the registered manager took immediate action to resolve the concern.
- Staff also knew how to minimise risks when there was an infectious outbreak in the home.

#### Learning lessons when things go wrong

- Incidents were recorded and reviewed by the registered manager. Action was taken to reduce the risk of the incident reoccurring.
- Learning from incidents was reviewed with staff in supervision meetings and daily shift handover meetings.



# 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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- At the last inspection we found information in people's care plans regarding their nutritional needs was not always up to date. At this inspection we found that the necessary improvements had been made.
- People's care plans now accurately reflected their needs. People were provided with a varied, nutritious and well-balanced diet that met their needs and preferences. People were happy with the food provided, one person told us, "The food is marvellous, there's always something I like." A relative said, "The food is very good. Even though they make their choice the previous evening they get shown a plate of each choice at lunchtime to make sure they get what they like."
- The registered manager had provided people with snack boxes. They were containers filled with people's favourite snacks and had a positive impact and had reduced the risk of malnutrition for people.
- People told us they were supported to remain hydrated. One person said, "I get plenty to drink, good juice choices." Another person told us, "They make sure I get lots to drink in the heat."

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

- There were good working practices and relationships with other professional groups and external bodies. This was evidenced in the care files. A relative told us how this had supported their loved one. They said, "It took a while to settle in due to illness but due to the interaction between the home and the district nurses [the pressure ulcers] have cleared up completely."
- Referrals were made quickly to appropriate health services when people's needs changed. There was a good relationship with the local GP practice and the nominated GP visited weekly.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At the last inspection people's care plans contained conflicting information on their ability to make decisions for themselves. At this inspection we found improvements had been made in the recording of people's ability to make decisions.
- People had given their consent to care and treatment. Where people had been unable to give consent to live at the care home the registered manager had submitted DoLS applications.
- We saw one person had a condition in place on their DoLS and care was provided in line with the condition imposed.
- Staff had received training in the of the Mental Capacity Act. They were able to tell us how they supported people to make decisions by providing information in a way people could understand.

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

- People received an assessment before moving into the home. This allowed the provider to ensure they could meet the person's needs in a safe manner.
- The registered manager had ensured that national guidance and best practice guidelines were included in the delivery of care. For example, they used nationally recognised risks assessment tools when assessing people's needs.
- The provider ensured policies and procedures were updated when changes in best practice and legislation occurred.

Staff support: induction, training, skills and experience

- Staff received effective mentorship, induction, training and supervision. They were encouraged to develop their knowledge and skills through additional courses supported by the provider.
- Staff completed an informative induction process and told us the training provided them with the knowledge and skills to carry out their roles effectively.
- Staff were required to attend refresher training to ensure their skills remained up to date. The provider had systems to prompt staff when training was due.
- Staff told us they received regular supervisions with their line manager and found this to be a positive supportive process. In addition, annual appraisals were completed to help staff develop their career aspirations.

Adapting service, design, decoration to meet people's needs

- People were happy with the quality of the home environment. The home included access to safe outdoor spaces, where we saw people and their relatives walking round. A relative told us, "We are pleased that there are nice gardens and that they're used."
- The layout of the home met the needs of people who lived there. Signage was suitable to individual need and had both word and picture format to support people living with dementia.
- There were spaces within the home where people could either sit quietly on their own or with friends and relatives. These were well used.

# 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. 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

- People were cared for by kind, caring and compassionate staff and who responded to them as unique individuals. Staff were aware of people's life stories and used these to engage with people.
- Relatives told us how they appreciated the level of care provided to people in the home. One relative said, "The carers [staff] are wonderful. Some go over and above what they need to do. They show affection and give hugs, they know who likes what, they know the residents as people" Another relative said, "We are full of praise for the service and hospitality. Everybody is so kind and caring, we couldn't ask for anything more."
- The registered manager told us they were aware of how important it was for people living with dementia to be care for by people they knew. Therefore, they had a core team of staff who worked on the dementia unit to ensure people received care from staff they were familiar with.

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

- Staff told us they generally did have time to provide the person-centred care and support that people needed, and that this was important to them they did.
- People told us how they were offered choice in their everyday lives for example people were offered choices about their meals. One person told us, "I have breakfast in the dining room, I get choices but have egg and bacon most days."
- People were offered choices thought out the day. For example, they were able to decide when they got up and went to bed, in what they wanted to wear and where they chose to spend their time.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff enabled people to maintain their independence and where able people returned home with support. Staff understood the unique needs of a person living with dementia.
- People told us how staff had supported them to retain things important to them when they moved into the home. For example, one person told us, "I was able to bring my favourite chair with me. It makes things a bit more homely."
- Care was also delivered in a way which respected people. For example, when a member of staff supported a person to eat they went about it in a caring and patient manner, sitting at the same level as the person and talking and encouraging them throughout.
- People were supported to continue with their spiritual beliefs in the home. Four different religious services were welcomed into the home and people were able to choose whether they attended the services.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

- At the last inspection the provider had not ensured people's care plans had recorded their individual needs. At this inspection we found care plans had been improved and reflected people's needs. They had been regularly reviewed and updated as people's needs changed.
- People and their relatives had been involved in planning their care.
- Care plans contained sections called 'All about me'. These contained information on people's life histories. Staff were able to use the information to support people if they became distressed, by talking about subjects familiar to them.
- Staff we spoke to knew about people's individual needs and were able to tailor the care provided to support the individual in the way they preferred. 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.

- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in their care plans. These needs were shared appropriately with other health and social care professionals.

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 told us they were offered lots of opportunities to get involved in activities and even if they did not like joining in they were always invited to take part. One person said to us, "The activity lady always asks if I want to go to the lounge, but I prefer to stay here."
- People told us about the activities they were offered and how the activities supported them to be involved with the local community. For example, they supported the local children and young adults football clubs, they liaised with the local college and the students involved in the duke of Edinburgh scheme.
- People told us there was plenty going on to keep them engaged both group activities such as playing a game or individual activities such as reading or having a manicure. People were supported to access the community for walks and where people wanted to go out for lunch.

Improving care quality in response to complaints or concerns

- People told us that they knew how to make a complaint but that they had never needed to complain. They said if they raised any issues the manager dealt with them immediately. One person told us, "No complaints here." A relative said, "If I talk to [registered manager] then I know I'm being listened to. I have no worries that if I'm concerned about anything then it will be sorted out, but I have no worries."
- The provider had ensured that information on how to make a complain was on display in the home. There was also a comments and suggestion box in place. This showed that the provider encouraged people to tell them about where improvements could be made.

#### End of life care and support

- The registered manager and staff worked collaboratively with other healthcare professionals to ensure people's needs at the end of their life were identified and respected. They followed best practice guidelines for people and ensured anticipatory medicines were arranged to keep manage people's symptoms at the end of their lives.
- People's wishes for the end of their life was discussed and recorded. For example, if they wanted to avoid going to hospital, if they wished to be resuscitated or if they wished for religious or spiritual guidance.
- The registered manager had developed end of life boxes with people, these contained personal items the person may find comforting as they neared the end of their lives. For example, music they liked, a soft blanket and anything else the person wanted to include.
- Where people did not have relatives to sit with them at the end of their lives the registered manager ensured extra staff were available to spend quality time with the person so that all their needs were met.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were positive about the care provided in the home. The large number of highly appreciative comments made by people living at the home and family members showed there was a very good ethos at the home. One person told us, "I've never seen such a kind, caring group of people. They are never irritable or cross. The family and myself are very pleased that we choose Whitefriars." A relative said, "I can't say how much the carers [staff] care, nobody could've been more friendly or welcoming."
- We found there was a positive culture in the service. The registered manager was a visible leader. Staff from all disciplines, people and their relatives found the registered manager approachable. People, their relatives and staff all commented the care provided had significantly improved since the current registered manager has been appointed.
- The provider recognised and rewarded staff for their hard work and for providing compassionate care to people. For example, the maintenance man was recommended for an award for going above and beyond his duties every day. They had supported people living at the home who wanted to take an active role in the maintenance and security of the home. Other staff were also recognised for their hard work, including the registered manager who won the provider's leader of the year award.

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

- The registered manager had been open and honest with people and relatives about incidents which happened in the home. They had ensured relatives were kept up to date with any concerns about their relatives care needs.
- Relatives confirmed they were kept up to date about anything significant that happened to their relative. They told us they were never left wondering or concerned about what had happened and that the registered manager was pro-active in ensuring they had all the information about their relative.

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

- The quality monitoring process was robust and positive actions were taken when areas of non-compliance were identified.
- The provider and registered manager had taken action to comply with the regulatory requirements. They had ensured their rating was displayed in the home alongside an action plan telling people about the changes they were making to improve the care provided. The registered manager had notified us about

events which happened in the home.

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

- People had a voice in how the home and their opinion was sought on the running of the home. People were supported to be involved in recruitment of staff if they chose. People were also able to choose to take an active part in the running of the home which reflected their past lives such as running the sweet trolley.
- People living at the home told us they had attended residents' meetings where they were able to give their views on the quality of care they received.
- Staff were kept up to date with changes in the home through team meetings and individual supervision meetings. Staff felt that they were listened to and suggestions on improvements to the home were acknowledged and actioned. They welcomed all the recent positive changes the registered manager had implemented.

Continuous learning and improving care

- The service learnt from the outcomes of audits. The registered manager and their team were committed to sustaining improvements made and further developing the service. Evidence showed staff accessed national guidance on best practice initiatives.
- Additionally, the registered manager was working with a number of research organisations to continue to explore what best practice in providing good care looked like. For example, they were looking at how to support people's personal relationships when people moved into a care home.

Working in partnership with others

- Registered manager took part in the NHS and local authority Neighbourhood team. This is where professionals involved in a person's care can come together to discuss issues and plan out people's care needs, with a view to reducing the need for people to go to hospital
- The registered manager was building strong relationships with local schools and colleges and other community groups. This involvement was having a positive impact on people who live at OSJCT Whitefriars.