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

About the service
Beckside care home is a residential and nursing care home, providing personal and nursing care to 54 people at the time of the inspection. The service can support up to 58 people.

People's experience of using this service and what we found
People lived in a safe environment. They were supported by a group of staff who knew their needs and had appropriate training for their roles. The risks to people's safety were assessed and managed to allow them to remain as independent as possible whilst staying safe. People's medicines were well managed and they were protected from the risks of infection. Their nutritional and health needs were well managed and the environment they lived in was well maintained.

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 and their relatives told us the staff team treated them with care and respect, and their views on their care were listened to. Staff showed a good awareness of supporting people's privacy and encouraging their independence.

People received person centred care in a way of their choosing. Staff supported people at the end stages of their lives in a caring and empathetic way. Their care plans reflected their needs and staff had a good knowledge of people's needs. People were supported to engage in social activities of their choice, and although people told us they had no complaints, there were processes in place to deal with any should they arise.

The service was well-led and the registered manager worked in an open way with people, their relatives, staff and health professionals to provide a good quality of life for people. There were quality monitoring processes in place to monitor practices and maintain good standards of care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection .
The last rating for this service was Good (published 1 August 2017).

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 findings below.

Is the service effective?

Good

The service was effective.

Details are in our findings below.

Is the service caring?

Good

The service was caring.

Details are in our findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our findings below.

Is the service well-led?

Good

The service was well led.

Details are in our findings below.

OSJCT Beckside

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
This inspection was carried out by one inspector.

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

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. This included information from local authority teams and statutory notifications from the service. These are notifications form the service, to keep us informed of events at the service. This information helps support our inspections and we used this to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

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 five members of care staff, two kitchen staff, one housekeeper and a maintenance

person. We also spoke with two nurses, the head of care, registered manager and area operational manager

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at staff files in relation to recruitment and staff supervision. We viewed a variety of records relating to the management of the service, including quality audits.

After the inspection
We contacted the provider to ask for further information to support our report which they supplied. We also spoke with two relatives and four health professionals by telephone.

Good

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

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People who lived at the service were safe. The systems and processes in place supported staff to keep people safe. All the people we spoke with told us staff ensured their safety. One relative said, "I trust the staff and their judgments." They went on to discuss the different elements of the environment that added to people's safety, and how staff were able to monitor people.
- Staff had good knowledge of the types of abuse people could be subjected to. They understood their responsibilities in keeping people safe. Staff told us they would feel comfortable reporting concerns to the management team and knew the company's whistle blowing policy should they want to use it.
- There was learning from events to prevent reoccurrence of risks for people. Issues of concern were discussed at staff meetings. We saw records of meetings to show issues had been discussed.

Assessing risk, safety monitoring and management

- The risks to people's safety were clearly documented in their care plans. The information and guidance put in place for people and staff showed a good knowledge of how to mitigate the risks to people. This included management of people's mobility needs, skin integrity and nutritional support.
- Where people had wanted to retain a level of independence related to their care, positive risk assessments had been put in place to support different activities, such as self-monitoring of aspects of a chronic health condition.
- People who required support with their mobility had the necessary aids in place. On the day of inspection we saw people being encouraged to use these safely.
- When changes had occurred for one person's mobility, and they had suffered a number of falls in a short space of time, staff had made changes to their risk assessment to reflect the level of risk and followed the guidance in the plan. The person had also been referred to health professionals to provide further support to manage an underlying health condition.
- Environmental risks to people were assessed and regularly monitored. For example, differing needs people had in the event of a fire was documented in the personal emergency evacuation profiles (PEEP's).

Staffing and recruitment

- People were supported by a consistent well deployed group of staff. There were sufficient numbers of staff to allow people to undertake their daily activities. People and relatives told us there were enough staff and when they called for assistance they were supported in a timely manner. One person said, "They (staff) are there when you need them." A relative said, "There is good deployment of staff, they are busy but [family member] hasn't had to wait for anything."
- Staff told us the registered manager worked to ensure there were enough staff. A health professional who

regularly visited the service, confirmed this, as did our observations on the inspection day.
● Safe recruitment processes were in place to ensure people were supported by fit and proper staff. Staff files showed the registered manager had used the disclosure and barring service (DBS) to make checks to ensure potential staff had no criminal convictions which could affect people's safety.

Using medicines safely
● The processes in place for supporting people with their medicines were safe.
● Staff received training in safe handling of medicines and people received the appropriate level of support they required.
● People received their medicines as prescribed and in a way they chose.
● Medicines were stored safely and in line with manufacturer's instructions. There were regular checks on the environment such as room and fridge temperatures to ensure they were within the safe range for medicines to maintain their effectiveness.
●There were protocols in place for medicines that were taken on an 'as required' basis, however, one or two of these lacked information as to why the medicine might be required. We raised this with the registered manager who addressed the issue and following the inspection sent us evidence to show the relevant changes had been made.

Preventing and controlling infection
● People were protected from the risk of infection as staff followed safe practices in their daily activities, such as the use of personal protective equipment (PPE) and regular hand washing. The environment was clean and well maintained. There were cleaning schedules in place and staff were aware of their responsibilities. The service's kitchen had recently received a five-star hygiene standard rating which is the highest rating they could achieve.
● Staff had received appropriate infection control training for their roles and there were regular checks in place to ensure standards of cleanliness were maintained.

Good

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. 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

- People's needs had been assessed when they moved to live in the service in line with nationally recognised guidelines.
- For example, people's weights were monitored using the nationally recognised Malnutrition Universal Scoring Tool (MUST) which gave staff guidance on how to manage variances in people's weights. The information was reviewed each month and was consistent with other assessments for areas such as dependency and tissue viability. The use of these tools provided a holistic approach to people's care. We saw the measures in place following assessments were followed by staff to provide safe care for people.
- People's protected characteristics under the Equality Act were considered and the registered provider had policies and procedures in place in line with legislation and standards in health and social care, to ensure best practice was understood and delivered by staff.

Staff support: induction, training, skills and experience

- People were supported by staff who had received appropriate training for their roles. People we spoke with were complimentary about the way staff supported them.
- Staff told us the training they received was very good. The training included supporting people with dementia, end of life care, and, moving and handling. One member of staff told us they had undertaken basic life support update training the day before our visit, they said they had enjoyed the training.
- Staff who were new to the service were well supported during their induction and staff received regular supervision support. They told us there was always someone to go to for support when needed. Staff told us the registered manager had an open-door policy and they could discuss any practice issues at any time.

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

- People's nutritional needs were well managed and people we spoke with told us they enjoyed their meals. One person also said, "There is always a choice and I am able to sit with my friends."
- The meal time experience was a sociable event. We saw a number of occasions when Staff sat and ate their meals with people chatting with them and encouraging them to eat. If people did not want what was on offer staff were quick to provide them with alternatives. One person did not want a full meal at lunchtime, staff gave the person a number of options and took the preferred option to the person quickly so they were able to eat their meal at the same time as the other people on their table.
- There were processes in place to ensure if people's nutritional needs changed, the information was shared with the relevant staff. Records showed people's nutritional needs were regularly assessed and when people required support this was provided.

● Some people, due to swallowing difficulties, had their nutrition via a tube which went directly into their stomach. This is known as enteral feeding. There was clear information on how to use the equipment and what feeding regime people were receiving.
● The manager had a good overview of people's weights. When there were changes they referred people to the appropriate health care professionals and staff followed the guidance given to them to ensure people received a healthy diet.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People's health needs were well managed and they were encouraged to live healthy lives. They were offered healthy snacks and the service held fun exercise classes for people who wished to join in.
● People's care plans showed any mental and physical health needs were regularly monitored and staff worked with health professionals to support people with these.
● People and staff told us when people's health needs changed, senior staff were quick to consult health professionals, staff felt confident and supported when raising concerns. Relatives told us staff kept them informed of any changes to their family member's health needs.
● Health professionals we spoke with told us staff worked with them to ensure good outcomes for people when they needed treatments for health conditions. One person's physical health had declined as they were often not compliant with their care. Staff continued to work with health professionals to find different ways to offer effective support for the person.

Adapting service, design, decoration to meet people's needs
● The service was adapted to meet people's needs. There was an ongoing decoration and refurbishment plan in place. The provider employed a maintenance person who worked to ensure the service was well maintained.
● The service had signage to help people orientate themselves around the service.
● People's rooms had been decorated and adapted to meet their individual needs. People were able to personalise their own rooms and some people had items showing their hobbies and interests in their rooms.

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. We viewed the authorisations, which had no special conditions attached.
● People told us they were able to make their own decisions about their care. Where people required support to make decisions there were assessments in place and people were supported in the least restrictive way.
● Staff showed a good understanding of how to support people with making decisions. They were able to give examples of the different levels of support people needed with their decision making and had good

knowledge of people's mental capacity.

Good

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 treated with respect and kindness. One person said, "The staff here are lovely, I couldn't fault them." A number of people we spoke with echoed these thoughts and throughout the inspection we received no negative comments about staff behaviours or attitude. People told us staff were supportive and caring towards them. One relative said, "Staff are just fantastic, we always have such a nice chat when I come in." The relative went on to say staff took the time to chat to their family member and they in turn enjoyed knowing about the staff's families.
- Our observations supported these views. We saw numerous very positive interactions between staff and the people they supported. Staff, when walking into communal areas always greeted people warmly, stopping to chat. It was clear people knew staff well and felt confident with them.
- Staff told us they enjoyed working at the service, they were happy with the attitude of their colleagues and felt this attitude came, "from the top." (registered manager). A member of the housekeeping team said, "I talk with people a lot when I am cleaning, I know staff treat them with respect and people are happy with staff."

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

- People were supported to express their views about their care. Their wishes and choices were considered and people gave examples of how they took the lead in their day to day decisions. Such as choosing when they wanted to go to bed or get up and when they wanted help with personal care.
- Records showed both people and their relatives had been involved in care planning. The registered manager told us the reviews of care plans were undertaken by senior carers and nurses. They involved people, relatives and key workers to ensure the information in people's care plans reflected people's views and choices on their care.
- People's religious beliefs were supported and religious services were held for people who wished to attend.
- There was information on advocacy services available for people when this was required. The registered manager told us no one was using this service at the time of the inspection. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was maintained by the staff who supported them.
- People told us staff spoke with them in a respectful way, and throughout the inspection we saw staff maintaining people's privacy and dignity when they provided care. People were able to spend time privately when they wished. One person said, "I have my own room and can just go and close the door and have

some privacy when I want."

● People were encouraged to be independent. For example, staff had worked with one person who had life changing surgery. Staff facilitated meetings with the person and relevant agencies to gain funds to obtain equipment and support, that would enable the person to become independent enough leave to the service and live in their own home.

Good

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 has remained the same. 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;

- People receive personalised care from staff who were knowledgeable about their needs.
- People told us staff knew them well and they received care in the way they wanted it. One person said, "I can honestly say I have had excellent care here."
- People made their own choices about their everyday care. A relative told us their family member had choice about how they spent their time. They said, "[Family member] enjoys joining in with people and they are clear about what they want, they get the choice." A number of people liked to spend time in their rooms. Each room was set out to suit each individual. One person told us, they liked their chair by the window and facing the door, this allowed them to look out into the courtyard, and also chat to staff as they passed their room.
- Staff worked to ensure people received the care and equipment they needed to help them take control of their lives. One person wanted to manage a long-term health condition themselves, this included daily monitoring tests and management of medicines. There was clear information in the person's care plan on how staff supported the person to manage this.

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 were encouraged to maintain their cultural beliefs and social activities. Staff worked to ensure the activities at the service were varied and personalised for people. People were supported to maintain relationships with their relatives and develop relationships with other people who lived at the service.
- People enjoyed a varied daily programme of events which included film sessions, games, crafts and regular entertainers. Where people spend time in their rooms the activities coordinator and care staff spent time with people. Staff told us they were led by people's preferences. Some people just enjoyed a chat, others liked staff to tidy and rearrange their rooms and other people enjoyed manicures. A volunteer came to the service each week and led reminiscence sessions both with groups of people and one to one sessions.

- Staff worked to personalise activities and recognise significant events for people, including surprising a person and their spouse in celebrating their wedding anniversary. Staff arranged a romantic meal served to them in a quiet lounge. Staff told us it was lovely to see how much it meant to them. Another person was supported by a staff member on their day off, to attend their granddaughter's wedding.
- Some people who had strong links with their local place of worship, were supported to continue to join the services there. Another person had a continued passion for a particular sport and was chairperson at their local club. A further person who was partially sighted had always been active in their local blind society club and staff facilitated their continued attendance at the club. This has allowed these people to retain

their links with their local community and enhanced their wellbeing

● People told us they enjoyed a variety of social activities, they enjoyed sitting together and joining in the activities together. We saw examples of staff working to encourage relationships. For example, when people were gathered to enjoy a singer, staff made sure the people sitting together knew one another, introducing them to each other.

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 provider worked to ensure people were treated equally, taking into account the protected characteristics of the Equality Act. This included providing staff with guidance on how to support people living with disabilities such as sight impairments. For example, staff provided a person with sight impairment with information in a suitable format.

Improving care quality in response to complaints or concerns
● People and relatives concerns and complaints were dealt with effectively. One relative told us, when they had raised minor issues of concern, these were dealt with quickly and to their satisfactions. Another relative told us they had a number of staff members, they could approach with concerns, including their relative's key worker, the head of care or the registered manager. They had no complaints but said, "I know they would sort things out."
●Staff we spoke with understood their responsibility in ensuring any concerns were dealt with. Staff told us they would ensure any complaints were recorded and raised with the registered manager.
● There was a copy of the complaints procedure displayed at the service.

End of life care and support
● People's end of life care was managed in a caring and empathetic way
● There was clear evidence to show people's wishes had been considered when planning this aspect of their care. Relatives we spoke with told us they, and their family member had been very well supported during this time. One relative said, "[Name's] end of life care was excellent. We could come at any time, everything was dealt with quickly, nothing was too much trouble. The girls have been wonderful to us."
● Staff we spoke with prided themselves on ensuring people were well cared for at this time. One member of staff told us they had come to work at the service because they felt people and their families were well supported. They wanted to be part of the team that provided that care.
● The local palliative care teams who work with the service told us they had a "Positive working relationship with the staff at Beckside." They felt this was based on mutual respect, as the staff listened to guidance and advice, and if, on the rare occasion the staff felt they could not meet a person's need they would be open about this. Health professionals told us they regularly had positive feedback from relatives about their family member's care at the service.

Good

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; 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 management team at the service worked with people and their relatives to provide an open, person centred approach to the care people received.
- Throughout our visit interactions between staff and people were clearly person orientated, and there were examples of how this had led to good outcomes for people. Such as, people engaging with activities or being supported with their meals. The comments from people and their relatives about the care provided were all positive. People were aware of who the senior management team were, and felt they were able to talk with both the head of care and registered manager about any issues of concern.
- Staff told us the registered manager and the head of care were approachable and open. Both worked to encourage a positive culture at the service.
- The registered manager notified CQC of events in line with their registration responsibilities. However, there had been a delay in sending in two notifications recently. We discussed this with the registered manager. The registered manager had acted appropriately and had identified learning from the events, but following our discussion understood their responsibility of ensuring prompt reporting of all reportable events to CQC. Measures were in place to ensure this would be undertaken promptly in the future.
- It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and via their website, where a rating has been awarded. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed on the provider's website and at the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a comprehensive quality monitoring system in place at the service. This resulted in a good oversight of the quality of the service. The senior management team, both at the service and at provider level, worked to review quality monitoring information to ensure effective monitoring of care. Events were highlighted and measures in place to ensure learning from them. For example, medicines errors were analysed and measures put in place to support staff practices.
- People's care needs were closely monitored and measures in place to support people's changing needs effectively. For example, a monthly analysis of falls and people's weight, had established trends or patterns, and clearly identified measures were in place for people to offer the best support.
- The quality monitoring system also included audits of the environment. When issues had been identified

an action plan was in place and we saw the actions were completed in a timely way.
● The registered manager was well supported by her area operational manager and the providers quality monitoring team. They worked together to provide a good quality service for people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;
● The management team worked to ensure people, relatives and staff were engaged in the running of the service. Feedback from people included their opinion on the décor, the choices on the menus and their choices of activities. This was gathered through meetings and questionnaires. We saw people's views had been considered, for example the range of activities included the choices people had expressed.
● Staff told us they felt involved in the running of the service and the meeting minutes we viewed showed the range of topics discussed and the high attendance of staff. Areas such as use of equipment and expectations of staff were covered. Staff had the opportunity to raise topics before meetings to enable positive discussions.

Working in partnership with others
● The service worked to maintain good links with the local community and visiting health professionals.
● The registered manager and head of care worked in partnership with health professionals to ensure good outcomes for people in all aspects of their care. Following our visit to the service, we spoke with a number of health professionals who regularly visited or referred people to the service. Everyone we spoke with gave positive feedback about the collaborative way the staff team worked with themselves and families.