

The Orders Of St. John Care Trust

OSJCT Southfield House

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 

Overall summary

This was an unannounced inspection carried out on 28 May 2015. OSJCT Southfield House provides accommodation for up to 32 people who require residential or nursing care and also supports people living with dementia. There were 28 people living in the service when we carried out our inspection.

At the time of our inspection the service had a registered manager. 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 and associated Regulations about how the service is run.

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make

Summary of findings

decisions and where it is considered necessary to restrict their freedom in some way. This is usually to protect themselves. At the time of our inspection no one was currently subject to an active DoLS authorisation.

Staff knew how to recognise and report any concerns so that people were kept safe from harm and background checks had been completed before new staff were appointed. Staff helped people to avoid having accidents. There were arrangements in place for ordering, storing, administering and disposing of medicines.

Staff had been supported to assist people in the right way, including people who lived with dementia and who could become distressed. People had been helped to eat and drink enough to stay well. We found that people were provided with a choice of meals. When necessary, people were given extra help to make sure that they had enough to eat and drink. People had access to a range of healthcare professionals when they required specialist help.

Staff understood people's needs, wishes and preferences and they had been trained to provide effective and safe care which met people's individual needs. People were treated with kindness, compassion and respect.

People were able to see their friends and families when they wanted. There were no restrictions on when people could visit the service. Visitors were made welcome by the staff in the service. People and their relatives had been consulted about the care they wanted to be provided. Staff knew the people they supported and the choices they made about their care and people were supported to pursue their hobbies and interests.

There were systems in place for handling and resolving complaints. People and their relatives knew how to raise a concern. The service was run in an open and inclusive way that encouraged staff to speak out if they had any concerns. The registered manager and the registered provider regularly assessed and monitored the quality of the service provided for people. The service had established links with local community groups which benefited people who lived in the service.

Summary of findings

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 was safe.

People told us they felt safe living in the service and relatives told us they thought people were safe and well cared for.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was at risk.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Good



Is the service effective?

The service was effective.

Staff had a good knowledge of each person and how to meet their needs.

Staff received on-going training so they had the skills and knowledge to provide effective care to people.

People saw health professionals when they needed to so their health needs were met.

The registered manager and staff understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Good



Is the service caring?

The service was caring.

Staff were kind and compassionate and treated people with dignity and respect.

People and their families were involved in their care and were asked about their preferences and choices.

Staff respected people's wishes and provided care and support in line with those wishes.

Good



Is the service responsive?

The service was responsive.

People received personalised care and support which was responsive to their changing needs.

People were supported to take part in social activities of their choice.

There was a system in place for resolving complaints.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

The registered provider had completed quality checks to help ensure that people reliably received appropriate and safe care.

There was a positive culture within the staff team.

Staff said they felt supported and were aware of their responsibility to share any concerns about the care provided at the service.

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

OSJCT Southfield House

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 provider was 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.

We visited the service on 28 May 2015 and the inspection was unannounced. The inspection team consisted of an inspector.

Before the inspection the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made judgements in this report.

During our inspection we spoke with seven people who lived in the service and five visiting relatives. We spoke with the registered manager and a senior manager who worked for the registered provider, three members of care staff, a member of the activities team and the chef.

We observed care and support in communal areas and looked at the care plans of four people and at a range of records related to the running of and the quality of the service. This included staff training information, staff duty rotas, meeting minutes and arrangements for managing complaints. We also looked at the quality assurance audits that the registered manager and the registered provider completed which monitored and assessed the quality of the service provided.

We reviewed other information that we held about the service such as notifications, which are events which happened in the service that the registered provider is required to tell us about, and information that had been sent to us by other agencies.

We asked the local authority, who commissioned services from the registered provider for information in order to get their view on the quality of care provided by the service. In addition, we contacted three health or social care professionals and asked them for their feedback on the care that people received at the service.

Is the service safe?

Our findings

People said that they felt safe living at the service. One person said, “I feel very safe living here.” Another person said, “I feel safe and well looked after.” Relatives were reassured that their family members were safe in the service. One relative said, “I feel [my relative] is 100% safe here. I wouldn’t leave them if I thought otherwise.”

We asked staff to tell us how they maintained the safety of people who lived in the service. They were clear about whom they would report any concerns to and were confident that any allegations would be fully investigated by the registered manager. Staff said that where required they would escalate concerns to external bodies. This included the local authority safeguarding team, the police and the Care Quality Commission. Staff said that they had received appropriate training and there were up to date safeguarding policies and procedures in place to guide staff.

The registered manager had demonstrated a good understanding of safeguarding vulnerable adults. The records we hold about the service showed that the registered manager had told us about any safeguarding incidents and had taken appropriate action to make sure people who used the service were protected.

When accidents or near misses had occurred they had been analysed so that steps could be taken to help prevent them from happening again. For example, the service had experienced a higher than average number of falls. A senior member of staff had been made the lead for falls within the service. The introduction of this new role, new documentation and further staff education had led to a reduction in the number of falls.

We looked at four people’s care plans and saw that possible risks to people’s wellbeing had been identified. For example, the risk assessments described the help and support people needed if they had an increased risk of falls, were at risk of choking, had reduced mobility or were likely to develop a pressure ulcer. The risk assessments identified the action required to reduce these risks for people, for example, having a soft diet or a pressure relieving mattress in place. Staff demonstrated they were aware of the assessed risks and management plans within people’s care records. For example, staff had ensured that some people

who had reduced mobility had access to walking frames. In addition, we observed that staff accompanied people when they walked from room to room if they were assessed as needing support.

The registered provider had a business continuity plan in place. This included information about alternative accommodation and services in the event of an emergency such as severe weather conditions, staff shortages and loss of utility services. Personal emergency evacuation plans had been prepared for each person and these detailed what support the person would require in the event of needing to be evacuated from the building.

Staffing levels were kept under review by the registered manager and were adjusted based upon the needs of people. Staff said that staffing levels were appropriate and people we spoke with said there were always staff available to help them and there were enough staff to meet their needs. A person said, “There are always staff around if I need them. I don’t have to wait.” A relative said, “I have no concerns about the number of staff on duty. Yes, they can be busy but you never have to search someone out. They are around to help.”

There were other staff who supported the service on a day to day basis which included housekeeping, catering, administration and maintenance. Records showed that the number of staff on duty during the month preceding our inspection matched the level of staff cover which the registered provider said was necessary. We noted that call bells rang frequently but there were enough staff available to answer the bells and that people received the care they required in a timely way.

Staff carried out medicines administration in line with good practice and national guidance. They also demonstrated how they ordered, recorded, stored and disposed of medicines in line with national guidance. This included medicines which required special control measures for storage and recording. Staff who administered medicines told us, and records confirmed, they received regular training about how to manage medicines safely.

We observed medicines being administered to people and noted that appropriate checks were carried out and the administration records were completed. We looked at eight people’s medicine records and found that they had been completed correctly. Medicines audits were carried out on a monthly basis when people’s medicine charts were

Is the service safe?

checked. Any actions identified from the audits had been noted and action taken to address them. All of these checks ensured that people were kept safe and protected by the safe administration of medicines and that we could be assured that people received their medicines as prescribed.

Five staff personnel files were checked to ensure that recruitment procedures were safe. Appropriate checks had been completed. Written application forms, two written

references and evidence of the person's identity were obtained. References were followed up to verify their authenticity and two senior members of staff undertook all interviews. Disclosure and Barring Service (DBS) checks were carried out for all staff. These were police checks carried out to ensure that staff were not barred from working with vulnerable adults. These measures ensured that only suitable staff were employed by the service.

Is the service effective?

Our findings

People said that they were well supported and cared for by staff who had the knowledge and skills to carry out their role. One person said, “They support I get is very good and the staff know what they are doing.”

Staff completed induction training when they commenced employment. New employees were required to go through an induction which included training identified as necessary for the service and familiarisation with the registered provider’s policies and procedures. There was also a period of working alongside more experienced staff until the worker felt confident to work alone. We saw that staff all held or were working towards a nationally recognised care qualification. The service had a training plan for the year. The registered manager had an overview of staff training and kept an overall record to show what training each staff member had completed and when refresher training was due.

Staff told us they were supported to do their role and that they received regular support, supervision and appraisal sessions from the management team. This gave staff the opportunity to discuss working practices and identify any training or support needs.

Staff asked people for their consent before delivering care or treatment and they respected people’s choice to when they declined. We saw one person did not want to eat their lunch and they were asked whether they would like anything else to eat. The person’s decision not to have a meal was respected, although staff noted this on their records so it could be monitored.

The registered manager and staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and had received training in the MCA. They knew what steps needed to be followed to protect people’s best interests. In addition, they knew how to ensure that any restrictions placed on a person’s liberty were lawful. We saw that they were aware of the need to take appropriate advice if someone who lived in the service appeared to be subject to a level of supervision and control that may amount to deprivation of their liberty. The service did not have anyone who was subject to a DoLS authorisation at the time of the inspection.

People told us they enjoyed the food they received in the service and received a healthy and nutritious diet. One

person said, “The food is lovely, infact since coming here I have started eating too much! It’s good home cooked food.” A relative said, “[My relative] enjoys the food and it’s always well presented.”

People were offered the opportunity to have their weight monitored in line with their nutritional assessment. Some people had their food and fluid intake monitored each day and records were completed by staff. People were provided with drinks throughout the day of the inspection and had access to drinks in their bedrooms. We observed the support people received during the lunchtime period. Staff asked people where they wanted to eat their lunch and most people chose to eat in the dining room. One person changed their mind half way through their lunch and we observed that a staff member followed them to another area with their food. There was a relaxed atmosphere and people talked with each other, and with staff. One person had been out working during the lunch time period and we noted that they had their lunch when they returned.

We spoke with the chef who explained how they worked to ensure that people received a full and varied diet. They knew which people required additional dietary support for needs such as swallowing problems, diabetes and weight loss and we saw how the lunch time meal was adapted to meet those needs. Although no-one in living in the service currently had specific cultural or religious dietary requirements, the chef was confident they could cater for those needs appropriately if required.

People received good healthcare support. Their health and care needs were monitored and supported through the involvement of a range of relevant professionals such as their local doctor, optician, district nurse and dieticians. Health professionals told us staff had good knowledge of the people they cared for and made appropriate referrals to them when people needed it. Links had been established with a nurse who specialised in Parkinson’s Disease. We noted that people had been visited in the service and that a regular ‘clinic’ was planned which would mean that people could receive specialist advice and a review of their condition and medication without leaving the service.

People said that staff made sure they saw an appropriate healthcare professional whenever it was necessary. One person said, “If I need the doctor or the nurse they ring and get someone out.” People and visitors said they were confident that a doctor or other health professional would

Is the service effective?

be called if necessary. Visitors told us staff always kept them informed if their relative was unwell or a doctor had been called. One relative said, "The staff will always ring if they need me to know anything. They are good like that."

Is the service caring?

Our findings

People and relatives told us staff were kind and attentive to their needs. Staff interacted with people in a caring way, showing a genuine interest in their work and a desire to provide a good service to people. One person said, "All I can say is marvellous. They all are. I wouldn't want to go anywhere else." Another person said, "They will do anything for you. I was so nervous about coming to stay here, but all my worries are gone. I am happy with my choice. I only have positive things to say."

Relatives were also positive about the care people received. One relative said, "I would give it 10 out of 10. I really don't know where I would be if [my relative] had not moved in here. They really care about [my relative]. It's a big decision to put your loved one in a home." Another relative said, "The [staff] are wonderful. [My relative] is well looked after and cared for."

Staff were positive about their work and told us they thought people were well cared for. One staff member said, "I do think we give exceptional care. It's people's home and we make sure that they are well cared for. I have family members living here which says it all."

There was a welcoming atmosphere within the service during our visit. Relatives said that they were made to feel welcome by staff and invited on a regular basis to planned events in the service and that often people stayed to have lunch with their loved one. One relative told us how staff had planned a surprise lunch for them and their relative to celebrate their wedding anniversary. The relative said, "The staff planned the lunch and decorated a room with banners and balloons and even took [my relative] shopping so they could buy me a present. It was wonderful to spend that time together. I can't praise them enough." We observed that the relationships between people who lived there and staff were positive and caring. One person said, "I would not live anywhere else. I love them all."

We saw staff supporting people in a patient and encouraging manner. For example, when staff helped people who needed assistance with eating this was conducted in a respectful and appropriate manner, sitting

alongside the person and talking to them. Another staff member observed that a person was uncomfortable on their chair in the dining room and went to fetch them a cushion.

We saw that people were treated with respect and in a caring and kind way and staff referred to people by their preferred names. Staff were friendly, patient and discreet when supporting people. For example, people were assisted to leave communal areas discreetly and go to the toilet and other people were given gentle encouragement when they were walking with their mobility frames.

Staff recognised the importance of not intruding into people's private space. Staff knocked on the doors to private areas before entering and ensured doors to bedrooms and toilets were closed when people were receiving personal care. For example, we were talking with a person during our inspection and the bedroom door was closed. A staff member arrived with the drinks trolley, knocked and waited before they entered the room. People's bedrooms had comfortable chairs where people could sit and relax and enjoy their own company if they did not want to use the communal lounges. People could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wanted to do so.

People had been supported to maintain their independence and make decisions. We saw that the service had ensured that people, where appropriate, had been supported to register for their postal vote in the general election. In addition, another person continued to volunteer at a local charity shop three mornings a week. They said, "Yes, I am out three mornings a week. It keeps me young and I love going and meeting people."

The registered manager was aware that local advocacy services were available to support people if they required assistance. A local advocacy charity had been invited to a staff meeting recently to raise awareness of their role. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Is the service responsive?

Our findings

People who wished to move into the service had their needs assessed to help ensure the service was able to meet their wishes and expectations. People's care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. Care plans were informative and accurately reflected the needs of the people we spoke with and observed. Each senior carer was responsible for updating and reviewing a number of people's care plans on a monthly basis. These reviews captured people's changing needs and provided important information for staff to follow because the allocated senior carer completing the reviews knew the person well. People and their family members were involved in reviewing their care plans.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the service. Staff told us care plans were informative and gave them the guidance they needed to care for people. For example, one person's care plan described in detail how staff should assist the person with their personal care including what they were able to do for themselves.

People said that they were provided with a choice of meals that reflected their preferences. We noted how people were offered a range of alternative foods if they did not want what they had chosen. We observed at lunch that one person preferred sandwiches to a hot meal. People could choose where they ate their meal, either in the dining room, in one of the lounge areas or in the privacy of their own bedroom if they wished to. There were pictorial aids available for people so they could relate the food to what they were eating. We also saw how staff bought people jugs of drink and plates of food and allowed them to choose which they wanted.

People also had their own bedrooms and had been encouraged to bring in their own items to personalise them. We saw that people had bought in their own furniture, which included a favourite chair and cushions and that rooms were personalised with pictures and paintings. People had access to several lounge areas within the service and also a large garden with a seating area. One person said, "It's nice to spend time outside when the weather is nice. You know what it's like, we all have our own seat where we like to sit!"

People we spoke with were positive about the activities which were available for them in the service. One person said, "They is always something to do it you want it. I love the gardening, but I can't do it like I used to." During our inspection we sat and listened to a 'residents' meeting which took place. This was chaired by a member of the activities team and we noted that they used open questions to help stimulate discussion within the group. People talked about the bedding plants which they would like in the raised beds and also about future planned activities, which included an upcoming trip to a garden centre and a trip to Hunstanton. At the end of the meeting people were asked if they were happy with certain aspects of their care such as the food, the laundry and the way in which staff supported and addressed them. All comments were positive.

Activities schedules were available in the service so that people knew what was available to them and therefore could make a choice. Where people could not attend communal activities they were supported on a one to one basis in their bedrooms to minimise social isolation. There were a wide range of activities for people to choose from which included quiz time, baking, arts and crafts and external entertainment. Several people in the service had been supported to continue their hobby of knitting and due to the success of this, people were now knitting a quilt which would be auctioned at the service's summer fete for charity. One person had recently attended a flower festival and had written a piece about their visit which was displayed on the activities board.

People were encouraged to raise any concerns or complaints that they had. The service had a complaints procedure which was available throughout the service. People we spoke with and their relatives told us they felt comfortable raising concern's if they were unhappy about any aspect of their care. Everyone said they were confident that any complaint would be taken seriously and fully investigated. One relative said, "I would be straight in if I thought anything was amiss, but I haven't had to do that." Another said, "I know I can raise anything with the staff or [the registered manager]. We have no concerns, this is one of the better ones." A system for recording and managing complaints and informal concerns was in place. We looked at the last formal written complaint made to the service and found that this had been investigated and responded to in line with the registered provider's policy.

Is the service well-led?

Our findings

The service had a registered manager in post and there were clear management arrangements in the service so that staff knew who to escalate concerns to. The registered manager was available throughout the inspection and they had a good knowledge of people who lived in the service, their relatives and staff. We saw that the registered manager talked with people who used the service, their relatives and staff throughout the day. They knew about points of detail such as which members of staff were on duty on any particular day. This level of knowledge helped them to effectively oversee the service and provide leadership for staff. People said that they knew who the manager was and that they were helpful. One relative said, "They were most helpful when [my relative] moved in." A staff member said, "[The registered manager] is very approachable and walks round the residents every day. They have a good overview of what goes on here. They can be tough but they are fair."

Staff were provided with the leadership they needed to develop good team working practices and that they were supported by the registered manager. Staff said that they were happy working at the service and felt supported with one staff member telling us, "It is a good place to work. We are a good team and we all muck in." Another staff member said, "I think we have genuine staff here that go the extra mile for people."

Staff said that they had meetings to discuss matters and promote communication about what was going on in the service. We saw that there were regular department head meetings which included housekeeping and catering.

People were given the opportunity to influence the care and support they received as regular meetings were held to gather people's views and concerns. For example, we saw that people had asked for a greenhouse where they could grow tomatoes. This had been actioned and was now in place in the courtyard garden. The service also used quality surveys to gather feedback from people who used the

service for respite care and action plans were in place to address any concern raised. This showed that people were kept informed of important information about the service and given a chance to express their views.

There were effective quality assurance systems in place that monitored care. We saw that audits and checks were in place which monitored safety and the quality of care people received. These checks included areas such as infection control and cleaning, medicines management and health and safety. A senior manager from the registered provider monitored the service's performance and highlighted any issues. Records showed that the registered provider met with the registered manager and reviewed these reports when they visited the service to check that people were safely receiving the care they needed. We saw that where the need for improvement had been highlighted that action had been taken to improve systems. For example, there had been an increase in the number of medicine errors in the service. An action plan had been put in place and further staff training undertaken. This demonstrated the service had an approach towards a culture of continuous improvement in the quality of care provided.

The service had established links with the local community. The service was running a Dementia memory support group where people who lived in the service, their relatives, staff and the members of the local community were invited. The meeting was publicised in local doctor's surgeries and the local Age UK day centre. These meetings were an opportunity for people to share their experiences about living with dementia while also using them as an information resource. The service also had strong links with local schools in the area and had supported college students with work placements in the service and also pupils who were completing their Duke of Edinburgh awards. We saw that the service had entered a garden competition and had invited the local Girl Guide troop to help them to plant and erect the competition submission. People and relatives told us how much this event has been enjoyed by people and they hoped they would win.