The Orders Of St. John Care Trust

OSJCT Southfield

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This unannounced inspection took place on 20 and 21 July 2016.

Southfield provides residential and respite care for up to 34 older people. At the time of our inspection 31 people were living there. There was a manager who had applied to CQC to become 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 2008 and associated Regulations about how the service is run. There were no breaches of legal requirements at the last inspection in June 2013.

People had their medicines on time and generally they were safely managed. Care needed to be taken when staff administered topical creams. Not all staff training was up to date but the manager knew about this and training was planned. People told us they felt safe in the home. Staff knew how to keep people safe and were trained to report any concerns. People were supported by staff that were trained and had access to training to develop their knowledge.

People were provided with personalised care and were supported to make their own choices and decisions where possible. Staff knew what they valued and how they liked to be supported. Peoples care was regularly reviewed. Healthcare professionals supported people and there was good care and support for people nearing the end of their life.

People were treated with kindness and compassion and they told us staff were very good when they supported them with their care. Relatives were welcomed in the home and they supported the home to provide activities. They told us the staff were kind and understanding.

People told us the food was good and there was a choice of meals. When people required assistance with their food staff supported them and gave them time to enjoy their meal. People had activities to choose from which included quiz games, exercise classes, arts and crafts, musical afternoons and ball games. There were links with the local community and trips out were organised.

The area operations manager and the manager monitored the quality of the service with regular checks and when necessary action was taken. People and their relative's views were taken seriously. They contributed in meetings and regular reviews of the service and improvements were made. Staff felt well supported by the manager and head of care who were available to speak to people, their relatives and staff. Staff meetings were held and staff were able to contribute to the running of the home.

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

This service was safe.

People's medicines were generally managed safely to ensure people were receiving appropriate medicines.

People's care and support needs were regularly assessed to monitor the staffing levels required.

People were safeguarded as staff were trained to recognise abuse and to report any abuse to the local safeguarding team.

People were protected from the risk of being cared for by unsuitable staff by thorough recruitment practices.

The home was well maintained and fire risk assessments had been completed.

Is the service effective?

Good

This service was effective.

Not all staff training was up to date but plans were in place to improve staff training. Individual and group supervision meetings were completed regularly to monitor staff progress and plan training.

People made decisions and choices about their care. Staff supporting people to make choices themselves but when necessary decisions were made in their best interests in line with the Mental Capacity Act 2005.

People had access to social and healthcare professionals and their health and welfare was monitored.

People's dietary requirements and food preferences were met for their well-being.

Is the service caring?

Good

The service was caring.

People were treated with compassion, kindness, dignity and respect.

Staff treated people as individuals and positively engaged with them.

Peoples end of life wishes were recorded and respected.

People were provided with information about community services.

Is the service responsive?

Good

The service was responsive.

People received the care and support they needed and were involved in reviews about their care.

Staff knew people well and how they liked to be cared for.

People took part in many activities and staff engaged with them individually.

There were links with the local community.

Is the service well-led?

Good

The service was well led.

The quality checks completed included people and their relatives view of the service.

The manager was supportive and approachable to staff and accessible to people, their relatives and friends.

Regular resident and staff meetings enabled everyone to have their say about how the home was run.

OSJCT Southfield

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 and 21 July 2016 and was unannounced. The inspection team consisted of one adult social care inspector.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We received a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to assess how the service was performing and to ensure we addressed any potential areas of concern.

We spoke with nine people, five relatives, the manager, the provider's representative the area operations manager, a member of the providers marketing team, the head of care and two care staff. We also spoke with the chef, the activity organiser, a laundry assistant and two visiting healthcare professionals We looked at three care records, three recruitment records, maintenance records, quality assurance information and a sample of staff training records. We had a copy of the staff duty rosters, and staff and resident meeting minutes.

Good

Is the service safe?

Our findings

There were generally safe medicine administration systems in place and people received their medicines when required. The medicine administration records we checked were correct. Homely remedies were agreed by the GP and staff recorded when people had them and why. The GP reviewed people's medicine every six months. We observed a member of staff completing medicine administration correctly. We noted one person's topical cream body chart did not indicate where staff should apply their three prescribed creams. Care staff we spoke with knew where to apply the creams. Another person had a body chart to apply a topical cream in an area where none was currently prescribed. This was discussed with the manager and was rectified during the inspection and all other topical cream charts were checked for accuracy. Two minor medicine errors were recorded and a reflective meeting was held to address improvements. Medicine administration competency checks for staff were completed annually and training was completed every three years.

People were protected against the risks of potential abuse. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. People told us they felt safe in the home. Staff understood their safeguarding responsibilities and completed annual safeguarding training. They explained what they would do to safeguard people by reporting any incidents to the manager or the local authority safeguarding team. There were safeguarding policies and procedures for staff to follow when abuse was witnessed or suspected. Records indicated the correct action was taken when required. One relative said they felt their mum was "safe" in the home.

People involved in accidents and incidents were supported to stay safe and action was taken to prevent further injury or harm. The manager looked at possible preventative measure after each accident. Accidents and incidents were recorded well and audited monthly. Falls monitoring showed monthly accidents and how they could be reduced.

Risk assessment of the premises' was in progress and the manager and area operations manager were completing control measures which would be looked at during monthly provider quality visits. The home was well maintained and fire risk assessments had been completed. The manager had completed health and safety training to enable them to risk assess the premises. Immediate risks were identified and completed. Regular quarterly meetings were held with maintenance staff to monitor risks.

People had individual risk assessments for their personal safety in the care plans. Individual risks were identified and minimised to maintain people's freedom and independence. The care plans had clear risk assessments for people for example; falls and moving and handling. The risks were reviewed monthly and any changes were noted and action taken to minimise risks and deterioration in health and wellbeing.

Safe recruitment practices were followed before new staff were employed. The correct checks had been made to safeguard people and ensure staff were suitable and of good character. The recruitment records we checked were complete. Potential new staff were introduced to people in the home to see how they engaged with them.

There were infection control procedures for staff to follow and they completed training every two years to ensure they were updated with the latest guidance to prevent cross infection. We observed staff using personal protective equipment, for example plastic aprons and gloves, to promote infection control. The laundry was clean and organised and there was an infection control procedure for the management of laundry. The home was clean and one relative said, "It is always clean and smells good here." A visiting healthcare professional commented the home had no offensive odours when they visited.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. According to handover records most of the 31 people accommodated were referred to as high dependency. There was a dependency tool used for each person, which was updated six monthly and when changes occurred. Dependency scores were recorded to calculate staffing levels and additional staff were allocated when necessary. Currently there were five care staff each morning from 8:00 to 14:00 hours and a care leader and three care staff from 14:00 – 20:00 hours and a care leader. The manager told us they were recruiting more bank staff to avoid using agency staff and permanent staff completing too many additional shifts. An additional staff member had just been appointed to complete the daily 'twilight' shift from 17:00 - 21:00 hrs daily when people needed more help going to bed. Staff told us the additional 'twilight' staff will be a "bonus" as care staff were needed in the lounges when they supported people going to bed.

A member of the laundry staff told us there was not enough time to complete the laundry as they worked part time which meant care staff spent part of each day supporting the laundry staff. One care staff member told us the care staff cope with laundry duties most of the time. Another care staff member told us care staff had to complete the laundry some mornings and afternoons and this can be a problem sometimes when people needed support too. We discussed this with the area operations manager and the manager who agreed to look into the laundry staffing arrangements.

There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. There was a detailed contingency plan which covered emergencies for example, power failure and loss of information technology and adverse weather conditions.

Good

Is the service effective?

Our findings

People received care from staff who generally had the skills, knowledge and understanding needed to carry out their roles. Not all staff training was up to date but plans were in place to improve staff training. Individual and group supervision meetings were completed regularly to monitor staff progress and plan training.

Staff had access to a range of training to develop their skills. All staff completed induction training and shadowed experienced staff before they were able to support people. This included safeguarding, moving and handling and infection control training. One new care staff member told us they had not completed dementia care training but this was planned for August 2016. Another care staff member had completed dementia care training in 2014 and end of life care training in January 2015, both were within the providers time scale for their training to be updated.

Individual staff training records were clear where training required updating and there was a list on the notice board to remind staff about completing the training. The record of all staff training had been updated by the provider. One staff member told us their training was usually updated on time because they were reminded to complete the learning on computer. They said they had just completed equality and diversity training and had a NVQ in health and social care at level two. Most staff had completed dementia care training and the head of care was a dementia care lead and informed staff about dementia care updates.

People were supported to make their own choices and decisions where possible. The activity coordinator told us people had signed their consent for their photograph to be taken. Where people lacked the capacity to make decisions the manager had followed procedures for a mental capacity assessment and completed a best interest decision record.

Staff understood the principles of the Mental Capacity Act 2005 (MCA). The 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. One person unable to communicate verbally was understood by the staff who lip read and used hand language with thumbs up or down to communicate. The person had a laminated word sheet they could use but preferred not to use it.

The service was working within the principles of the MCA and conditions on to deprive a person of their liberty were identified but not yet authorised. The manager identified two people who they believed were being deprived of their liberty. 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made two DoLS applications to the supervisory body none had been authorised yet. There were clear mental capacity assessments, best interest records and detailed care plans for the DoLS applications made.

Staff had regular individual meetings with the manager and the head of care to support them, monitor their

work and identify any training needs. The manager had planned two individual meetings and two personal development meetings annually with staff. One personal development record we were able to see had a lot of information and a record of how the member of staff had completed their development.

People's dietary needs and preferences were recorded. People were referred to a dietitian and speech and language therapist if staff had concerns about their nutritional wellbeing. Most people told us they enjoyed their food and there was a variety and choice of meals. We observed people were served and supported with their meals in a calm and unhurried manner. Some staff ate their lunch with people and several conversations were overheard between people during lunch. It was a warm day and people were offered plenty of fluids and ice lollies to keep them cool.

We spoke with the chef and they were aware of people's preferences and nutritional needs. Information about people's dietary needs and risks from malnutrition and choking were recorded in the kitchen. This meant that some people required a special diet. There were large picture menus for people to see what was available but they could choose from point of service. Finger food was available and included cocktail sausages and cheese to encourage people to eat more often when they were living with dementia and may be losing weight. Snack boxes were in the communal rooms and had mainly fruit and biscuits for people to help themselves. Chocolate and crisps were offered to people on several days each week. Allergy information of food contents was recorded to prevent people with an allergy becoming unwell. Currently people did not have any food allergies. The kitchen was clean and the last Environmental Health check gave the service the highest rating of five for food hygiene.

People's changing needs were monitored to make sure their health needs were responded to promptly. Records confirmed people had access to healthcare professionals for example, a GP, district nurses and the community mental health team. We spoke with two visiting healthcare professionals and both told us the service worked with them to ensure people healthcare needs were met well.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion they told us, "Everyone is very nice here", "The staff are kind", "Very nice staff". One person told us, "The staff are wonderful nothing is too much trouble day or night." A new person said, "The staff are kind." Relatives said staff were kind and caring. One relative said, "Staff are caring and always have time to speak to me. Another relative said, "Staff are understanding and experienced." One relative said, "staff are always kind to people and call me by my first name", which they liked. One relative told us, "I have never heard staff be unkind to anyone here."

One healthcare professional said, "Staff are kind and helpful" and another said, "Staff are kind to people and in the way they talk about them." We observed people being treated with understanding and respect during a meal and enjoying quiet banter with the staff.

Staff were trained to preserve people's dignity in the communal areas when necessary and there was a 'dignity' screen available for staff to use there. The manager planned to develop the dignity champion role within the staff team. People's life stories were to be improved with more detail to help provide more individual activities for them and enhance dementia care where needed.

The activity organiser told us people had helped to choose a cat from the local animal shelter and they enjoyed seeing the cat and touching it. Staff looked after the cat and said they felt this was part of their caring role to improve people's wellbeing.

People's bedrooms were personalised and decorated to their taste and some had chosen the wallpaper they liked. People had photographs of their family and friends and their own treasured possessions in the bedrooms. People told us they had a keyworker. A key worker is a named member of staff that is responsible for ensuring people's care needs are met. This included supporting them with everything they needed and organising appointments and trips out for them. A staff member told us all about the three people they were a keyworker for and they sometimes did their shopping for them as part of their keyworker role. There were no visiting restrictions and family and friends were encouraged to be involved.

People and their relatives were given support when making decisions about their preferences for end of life care. Where necessary, people and staff were supported by palliative care specialists. End of life care was planned and records seen supported what the person wished for. People's preferences for their end of life care were recorded if they had chosen to share the information with staff. The provider had recently organised for a person on an end of life pathway to enjoy a flight from a local airport and staff accompanied them there with a picnic meal. One person nearing the end of their life had their pain scale recorded and medicines that may be required to alleviate any further pain were available. Their daily record recorded the food they had eaten and their mood. Communication care plans were clear and staff had to ensure they spoke clearly and made eye contact with the person. Relatives had discussed the care with the person's GP.

An advanced care plan we looked at recorded whether the person had a Lasting Power of Attorney to ensure the relevant people were involved. There was a clear record of Do Not Attempt Resuscitation (DNAR) the GP

had completed which included a 'best interest' record where the persons view to remain at the home had been recorded in addition to the GP's. The decisions were reviewed monthly.

There was information about local support groups and advocates on notice boards. Links with the local church included regular holy communion at the home. There was a resident's handbook for people to be informed about the services offered at the home and the homes Statement of Purpose was available.

Good

Is the service responsive?

Our findings

People had their needs assessed before they moved into the home. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had informed the plan of care. Care plans were personalised and each record contained information about the person's needs, their likes, dislikes and information about the people who were important to them. The care plans were detailed and included information to enable staff to get to know the person. Personalised care plans had regular evaluation and six monthly reviews where people commented and healthcare professionals visited.

One person living with dementia had their life history made into a 'All about Me' booklet which included what was important to them for example; tidy hair, clean clothes and their favourite type of music to listen to. Staff knew these wishes and made sure they were met. There were lots of clear actions for staff to ensure the person's mental wellbeing and there was support from the local mental healthcare team. A six monthly review had included the person's comments that they loved their room, the food and the staff who they referred to as 'my girls'.

One person was supported by healthcare professionals for their wound care and care staff had carried out their instructions to ensure the person had sufficient bed rest during the day to assist the healing process. One healthcare professional told us staff were good at responding to the person's needs to ensure the wounds healed. Another healthcare professional was complimentary about the way the staff let them know quickly when people were unwell or had an accident.

Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. There was detailed information about each person on the handover records which were updated weekly or as necessary. We noted that people had their position changed in accordance with their needs to prevent skin damage. Staff were offering lots of drinks to people and there were fans to help keep the home cool on a hot summer day. One person told us. "I am fine, not too hot and keeping cool with lots of drinks." People and their relatives told us the call bell was usually answered straight away. One relative told us the staff let them know if there were any changes for example when the person had a fall.

People had a programme of activities they could be involved in and a printed list was given to them each week, These included quiz games, exercise classes, arts and crafts, musical afternoons and ball games. One person told us about the flower arranging they had completed and another person said they had played noughts and crosses with the staff. One person showed us the intricate colours they had produced in an adult colouring book. There was a shop that provided confectionary and toiletries and was taken round to people to choose what they wanted. Families were supportive and were involved with activities. People's individual activities were recorded well and included photos of people completing them. Monthly care plan reviews included the activities people had completed. A relative commented the activity person was "absolutely marvellous."

The activity organiser told us they were voted activity person of the year in the OSJCT organisation for 2016. The provider had supported them to complete an activity provision course. They worked full time to include alternate weekends to help ensure people had enough to do. Other outside activity organisations visited weekly to complete fitness exercises.

The service had good links with the local community. The providers marketing team had an information sharing event at a local show to raise awareness of the home. A local member of parliament usually attended events at the home and local businesses supported fund raising there. Twice a year a local department store provided a fashion show for people to choose clothes if they wished. Trips out were organised when the home hired a mini bus to take people out for example, to a garden centre and the local ice cream factory. Individual activities included helping people with crossword puzzles, nail care and reading the paper together. People were also regularly taken out in a taxi to the local supermarket for coffee and the local shops. There were plans to start a Memory Café where people and their visitors could help themselves to refreshments.

There was a poster of interesting commemorative dates for each day of the month the one for June 2016 described what happened on this day in a particular year or when events were happening in the current year. For example National Care Home open day on 17 June 2016, when the Wimbledon Championships started and the first NHS hearing aid were issued in 1960 on this day. This provided a talking point for people and kept them informed of what was happening outside the home.

Southfield News was produced every two months with lots of colourful pictures of recent events and forthcoming events. Each person had their own copy and it could be emailed to them and their relatives to help keep everyone informed. The April 2016 edition had colour pictures of the Queen on her birthday and pictures of the recent dog competition at the home called 'Scruffs'.

There was a complaints policy and procedure in place. Most people and their relatives knew how to make a complaint if needed. There had been no recent complaints. Anonymous concerns that had been raised with CQC were taken seriously and thoroughly investigated by the service to improve where necessary. A relative told us they knew how to make a complaint. Another relative said "No complaints, but more care could be taken with the laundry" which they hadn't shared with the manager yet. We advised the relative to make their concerns known to the manager.

Good

Is the service well-led?

Our findings

People and those important to them had opportunities to feedback their views about the home and quality of the service they received. Meetings were held with staff, heads of department, people and their relatives. A resident/relatives meeting was held in May 2016 when 17 people and their relatives attended. The minutes told us they had discussed the privacy for visitors talking to people and the manager had suggested people use the quiet lounge. Most people agreed call bells were answered as quickly as possible. A themed meal evening was discussed for people who enjoyed less traditional food such as curry. The chef told us they had tried an Indian food treat and were going to try Caribbean food too. Nine people said they would like a pet and when we visited in July there was a cat at the home looked after by the staff for people to enjoy.

A staff meeting was held on 23 May 2016 and eleven staff and the manager attended. There were clear actions recorded after this meeting from a variety of topics. The manager asked staff to speak to people individually about suggestions for decorating the home as they had not made any at their meeting. The laundry was discussed as some items of clothing were not labelled and not washed at the correct temperature. The manager told us all the issues identified would be followed up at the next staff meeting.

Three staff told us how the manager and head of care were both very supportive and approachable. They said there were more staff meeting and they were able to contribute in them. The head of care was the dementia lead and attended monthly dementia care meetings at Chestnut Court Care Home to exchange new ideas and advances in dementia care. They told us the service could be more dementia friendly as recent decoration had removed some of the items used and they needed to be replaced.

Comments left by people, friends and relatives on the Carehomes uk internet website were mainly positive and they were 'extremely likely' to recommend the service. There was a score of 9.7 out of a possible 10 over the last two years where 78 people had commented. We looked at the 24 comments made there in 2016 and these were some examples, "I think it is brilliant at Southfield. All the staff are very kind and willing. I am on respite care and I have settled in very well. It will be very hard to find anywhere else like Southfield.", "The staff are always very friendly and welcoming. Always offered a drink. The rooms are always bright and sunny and smell fresh and clean. Lovely place to visit", "My experience has been excellent. The staff are caring and attentive, with a good sense of humour. The food is good, and there is plenty of it. The home is warm and comfortable with a homely atmosphere. We would not hesitate to recommend Southfield", "My mum has been at Southfield for two months and in that time has rediscovered an interest in life and regained some independence. All the staff have been so kind and encouraging that she is now dancing at exercise class, playing bingo and winning quizzes! "

Quality assurance systems were in place to monitor the quality of the service delivered and the running of the home. Six monthly reviews with people recorded their comments about the service but had not been gathered to show the overall actions that may have been taken. One person in their review in March 2016 commented, "Activities are very good", "I feel part of a community" and "I wouldn't change anything."

Quality audits had identified some shortfalls and action had been taken to address these. The provider's

Care Quality Compliance Tool external audit assessed the service's quality for 2016 - 2017 as 91.9% and all required actions were followed up during the area managers monthly review visits and quarterly audits. The monthly review for June 2016 had identified health and safety actions to be completed. Some had been completed and some were in progress. Improvements included were that people were offered a hand wash before meals and individual staff meetings were planned to identify training needs.

Planned audits included infection control, catering, medicines, care plans and the development of pressure ulcers. The actions from the infection control audit in February 2016 were completed. Medicines were checked daily and weekly for any gaps in administration and a monthly audited highlighted all aspects of medicine management where improvements could be made. The manager had just started to audit 10 percent of the care plans each month to steadily improve the record keeping. This was work in progress and we were unable to see the results this time.

Fire safety and health and safety checks had been completed. Fire training and fire drills were recorded and completed as required. The manager told us they were going to train two staff to be fire marshals.

Planned maintenance and service contracts for equipment, appliances, electricity and gas were in place and had been completed as required. The service had a recent Legionella certificate from an outside agency that checked the water systems for any risk of the disease.

The service had recognition from various accredited schemes to include Investors in People, National Association for Providers of Activities for Older People, Gloucestershire Activity Champion Network and Infection Control Accreditation. The provider's quality team ensured policies and procedures followed current guidelines as well as the national NICE guidelines.