Orders of St John Care Trust

OSJCT Beckside

Inspection report

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Date of inspection visit: 19 November 2014
Date of publication: 02/06/2015

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

he inspection took place on 19 November 2014 and was unannounced.

OSJCT Beckside is registered to provide accommodation for nursing or personal care for up 58 older people. There were 57 people living at the service on the day of our inspection. Several people were supported to live with long term physical conditions such as breathing and mobility difficulties.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 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 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 the inspection no people had had their freedom restricted.

People who lived at OSJCT Beckside were safe and were cared for by kind and caring staff.

Staff knew what action to take and who to report to if they were concerned about the safety and welfare of the people in their care.

People were supported by designated activity coordinators to maintain their hobbies and interests. People were supported to maintain interests outside of the service.

We found that people were given a choice of nutritious and well presented meals. People were offered hot and cold drinks and snacks between meals, but there were some shortfalls in meeting some people's nutritional needs.

People received their prescribed medicine safely from staff that had the skills to do so.

Staff were aware of people's choices and preferences. Staff had the skills to undertake risk assessments to provide for people's personal, physical, social and psychological care needs.

People had their healthcare needs identified and were able to access healthcare professionals such as their GP or district nurse. Staff knew how to access specialist professional help when needed.

Staff had access to professional development, annual appraisal and feedback on their performance.

There were systems in place to support people and their relatives to make comments about the service or raise concerns about the care they received. People and their families told us that the registered manager and staff were approachable.

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 were kept safe because they had their risk of harm assessed.

There were enough skilled and competent staff on duty to keep people safe from harm

Staff had access to safeguarding policies and procedures and knew how to keep people safe.

Good

Is the service effective?
The service was not always effective

People were cared for by staff that had the knowledge and skills to carry out their roles and responsibilities.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards. We found staff had received appropriate training, and had an understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

We found that mealtimes were not always a positive experience and there were some shortfalls in meeting people's nutritional needs.

Good

Is the service caring?
The service was caring

Staff had a good relationship with people and treated them with kindness and compassion.

People were treated with dignity and staff members respected their choices, needs and preferences.

Good

Is the service responsive?
The service was responsive

People's care was regularly assessed, planned and reviewed to meet their individual care needs.

A complaints policy and procedure was in place and people told us that they would know how to complain.

People were encouraged to maintain their hobbies and interests including accessing external resources.

Good

Is the service well-led?
The service was well-led.

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

People and their relatives were able to give their feedback on the service they received.

Staff and people found the manager approachable and felt able to raise concerns with them.

Good

OSJCT Beckside

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 19 November 2014 and was unannounced. The inspection team was made up of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using services or caring for someone who requires this type of service.

The provider completed 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 what improvements they plan to make.

Before the inspection we looked at previous inspection reports and other information we held about the provider. We used this information to help plan our inspection.

We looked at a range of records related to the running of and the quality of the service. This included staff training information, meeting minutes and arrangements for managing complaints.

We also looked at the quality assurance audits that the registered manager and the provider completed which monitored and assessed the quality of the service provided.

During our inspection we spoke with the registered manager, the area operations manager, five members of care staff, two volunteers, ten people who lived at the service and four visiting relatives. We also observed staff interacting with people in communal areas, providing care and support.

We looked at the care plans for five people. A care plan provides staff with detailed information and guidance on how to meet a person's assessed social and health care needs. In addition, we undertook a Short Observation Framework for Inspection (SOFI) at lunchtime. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Following our inspection we contacted the local authority for their views of the service.

Good

Is the service safe?

Our findings

People told us that they felt safe living at the service and had trust in the staff that cared for them. A person said, "Yes, I feel very safe here, it feels like home." Another person said, "The days come and go, but I feel safe though. The ladies treat me very well, like a lady myself." The visitors we spoke with said that their relatives were safe living at the service and knew who to contact if they felt they had any concerns regarding their safety.

Staff told us that as part of their mandatory training they had received training on how to keep people safe. They told us how they would recognise signs of abuse and the action they would take if they identified a concern.

We saw that people had risks to their wellbeing assessed before they moved into the service and these risks were regularly reviewed and any changes to their needs recorded in their care plan. For example, we saw where a person had failing eye sight their risk of being able to safely leave the building in an emergency situation such as a fire was assessed. Their care plan recorded the need for them to be accompanied form the service. The provider had clear policies and procedures in place to guide staff in the safe management and reporting of accidents and incidents. The staff we spoke with understood their responsibilities in responding to emergency situations and managing untoward events such as a power failure.

Staff told us that staffing levels had recently improved since the new manager came to the home. They said this was because relief staff had been appointed to cover short term absences. However, a registered nurse commented that it was sometimes difficult to cover a shift when a registered nurse went off sick at short notice and found that sometimes there was not enough time to provide the level of care they would like to give. The manager showed us a list of authorised agency staff but said they were seldom used.

The provider had a system for calculating the dependency levels for the people who lived at the service. These dependency levels then informed the manager of how many staff with different skill levels was needed on each shift.

There was a robust recruitment processes in place that ensured all necessary safety checks were completed to ensure that a prospective staff member was suitable before they were appointed to post. We found there were safe recruitment processes in place for volunteer staff that had the same level of security checks as permanent staff.

People and their relatives told us that staff answered their call bells promptly and responded to their needs. One person said, "Usually staff come fairly soon when I press the bell, unless they are busy of course. A relative told us that their parent's call bell was within reach and said, "The call bell is always accessible to them."

We looked at the medicine administration records (MAR) charts for six people and noted they had a photograph of the person at the front for identification purposes. At lunchtime we observed medicines being administered to people and noted that appropriate checks were carried out and the administration records were completed. We saw that the medicine trolley was always locked when unattended. Staff who administered medicines wore a red tabard to indicate to others not to disturb them during the medicines round. People told us that they received their medicines regularly.

We found that medicines were stored appropriately in the clinical room. Medicines that required refrigeration were stored in a locked fridge and the fridge temperature was recorded daily and noted to be within acceptable limits

Staff who administered medicines had undertaken initial medicine management training and their competency was assessed prior to the administration of medicines. We found that most staff had their competencies reassessed in the last three years. We saw that staff had access to an up to date medicines policy that included guidance on the safe storage and administration of medicines, action to be taken in relation to medication errors and how to administer medicines covertly. No one was self-administering their medicine or receiving their medicine covertly.

Good

Is the service effective?

Our findings

Staff were supported to undertake training that enabled them to effectively carry out their role. For example, some care and housekeeping staff that we spoke with said that they had been supported to achieve a nationally recognised qualification in health and social care and hospitality. One member of staff told us, "The company are very pro training, and they encourage you to develop."

Furthermore, staff were supported in their roles through supervision sessions and an annual appraisal. However, we noted that the frequency of supervision sessions was irregular and some staff had not received a session for several months.

We looked at staff training records and saw that most staff training was up to date. We also found that their training needs had been identified for the forthcoming year. In addition to key training needs such as health and safety staff also had training in caring for a person living with dementia or at the end of their life. Volunteer staff received training in moving and handling, and fire safety and how to safely push a wheelchair. People and their relatives told us that staff were well trained.

We spoke with the manager and care staff about their understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The MCA is used to protect people who might not be able to make informed decisions on their own about the care or treatment they receive. Where it is judged that a person lacks capacity then it requires that a person making a decision on their behalf does so in their best interests. We saw there was a policy to guide staff in the MCA decision making process, including undertaking capacity assessments and leading best interest meetings.

We found that some people had chosen to make advanced decisions about the care they did not want to receive in a medical emergency or at the end of their life. Some people had a do not attempt cardio pulmonary resuscitation (DNACPR) order stored at the front of their care file. A DNACPR is a decision made when it is not in a person's best interest to resuscitate them if their heart should stop beating suddenly.

Registered nurses and senior care staff had the skills to undertake a capacity assessment with people. We saw that best practice guidelines were followed and other health and social care professionals and the person's family were invited to contribute to best interest meetings when assessments were being made about a person ability to make decisions about their care. However, we did find that where a decision was made not to resuscitate a person at the end of their life there was no evidence that a capacity assessment or best interest meeting had taken place. Following our inspection the registered manager informed us that they had started the process to ensure that the correct procedures were followed.

We found that people had some aspects of their daily care record stored in their bedroom and had signed their consent to this. We also saw that people had given their consent to have their photograph taken for identification purposes.

We saw lunchtime was mostly a positive experience. Tables were set with cloths, napkins, condiments and sauces. People were provided with a choice of food and there was a weekly pictorial menu plan on each table and the daily menu choice was written on a blackboard. However, one person told us that mealtimes could be better organised and said, "They fetch me to lunch in my wheelchair and sometimes all the others have started or halfway through before I get there."

People told us that there was always enough to eat and drink and the food was good and always served hot. One person told us, "I eat everything they put in front of me because it is so delicious." A relative told us, "Can't fault the food at all." People were offered a choice of drink with their lunch. We saw one person enjoyed a glass of wine with their meal.

We saw where one person didn't want the daily choices saw they had an omelette as an alternative. Some people had special dietary needs and preferences and their meals were specially prepared for them. For example, one person preferred a vegetarian diet and people with swallowing difficulties had their meals puréed.

We saw where two people were unable to take food and drink orally they received all their nutrition and hydration needs and medication through a special tube inserted directly in to their stomach. Care staff told us that they were supported by a dietician and the person's GP to manage this process effectively.

Good

Is the service effective?

One person told us that there was a lack of variation with the sandwich fillings at tea time. We shared this with the cook who said there was always a choice of cheese and various meats. They added that all food was prepared from fresh produce.

We found some staff were very supportive and assisted and prompted people to eat their lunch. We saw that staff supported people to eat their meal at their own pace, lunch was not rushed. However, we observed a member of care staff assist person to eat their meal and there was very little interaction or encouragement from the staff member. Furthermore, we found where a person did not want their main course or dessert staff did not always offer encouragement or an alternative choice.

Several people had the food offered to them recorded on a chart but we did not see a record of the amount of food they had eaten. Staff had entered comments such as good or poor. Therefore there were no accurate food intake records maintained. Staff told us that if a person did not eat sufficient amounts then they raised this with a senior staff member who would trigger a more detailed nutrition intake record. One person's relative told us that they aware that staff monitored their parent's meals and weight. They found this reassuring.

There were facilities for visitors to make drinks but there did not appear to be any drinks available for people using the service outside formal mealtimes and drinks rounds. Each sitting area had bowls of crisps and biscuits and one had a bowl of fruit for people to help themselves. However, we did not see people offered these snacks or help themselves.

People were supported to maintain good health. We saw that people had access to healthcare services such as their GP, district nurse, dentist and optician.

We spoke with a visiting healthcare professional who was a regular visitor to the service. They told us care staff were supportive of people's needs and always followed their advice and support.

We found where a person had special health care needs the service ensured people were seen by an appropriate health professional. For example, where a person had damage to their skin through poor mobility they had support from a specialist tissue viability nurse, who had been appointed by the provider. The tissue viability nurse made recommendations for specialist treatment and equipment to help the person's skin improve.

During our inspection we noted that one person had a hospital outpatient appointment. Staff ensured that suitable travel arrangements were made for this person.

Good

Is the service caring?

Our findings

We saw that people were treated with kindness and compassion by caring staff. There was a good rapport between people and staff and people were treated with dignity and respect and made to feel that they mattered. One person told us, “They are very good.” Another person said, “It’s altogether a good place to be.”

We spoke with relatives who told us they were happy with the care their loved ones received. One person’s relative said, “My parent is so well looked after here. They are wonderful staff, they never rush her.”

We saw staff demonstrated a gentle and sensitive attitude to people with special care needs. For example, we observed a member of care staff spend time with a person who was dependent on care staff for all their care needs. This person had limited communication skills and was unable to actively join in group activities. However the member of care staff chatted with them while other people were taking part in a musical movement exercise class. This meant the staff member looked after the person in a caring and meaningful way.

We found that people had care plans developed to meet their individual needs. We spoke with the family of a person who was unable to speak with us. They family told us that they were involved in their parents care plans and reviews and said, “We had a full review last week which everyone was involved in, we are fully involved.”

We saw where some people were unable to make decisions about their care and treatment that they had a lasting power of attorney appointed to make decisions on their behalf. A lasting power of attorney is someone registered with the Court of Protection to make decisions on behalf of a person who is unable to do so themselves. There were also leaflets on the role of the local advocacy service on display. These provided care staff and people with information on how to access an advocate to support a person through complex decision making, such as permanently moving into the care home.

Staff told us of the actions they took to ensure that they maintained a person’s privacy and dignity when providing support and care, such as knocking on their bedroom door and enabling them to make their own choices.

People told us that staff treated them well. One person said, “Staff generally treat me well and handle me carefully and treat me with respect.” Another person said, “They care so much about you and treat you with the highest respect.” Our observations during our inspection supported their comments as we saw that staff treated people with dignity and respect.

We found that dignity and privacy was woven through people’s care files. For example, one person’s care plan recorded the need to respect the person’s privacy and dignity when they became upset or emotional.

Good

Is the service responsive?

Our findings

People were encouraged and supported to take part in a range of group and individual activities and pastimes. For example, during our inspection three people went on an outing to the local garden centre and others took part in an art class. One person told us, "I get my hair done at the hairdressers here. I like that and they take me out in my wheelchair now and then."

We watched several people with varying physical abilities take part in a musical movement exercise. People were enjoying themselves and praised for their efforts.

The service had a minibus that could accommodate two people who were dependent on their wheelchair to get about. This meant that people's reduced mobility did not restrict their ability to participate in interests outside of the service.

People's relatives and friends were encouraged to visit and people were supported to maintain contact with the local community. For example, religious representatives from local churches made regular visits to the service. This meant that people were enabled to meet their religious needs.

Some people invited us into their bedroom. We found they were encouraged to personalise their bedroom with items from home such as small pieces of furniture, photographs and keepsakes.

The manager told us that the service and people who lived there were well supported by a team of volunteers. We spoke with one volunteer who told us that the activity coordinator was very conscientious and committed to the service.

People had their care needs assessed and personalised care plans were introduced to outline the care they received. For example, where a person was at risk of choking we found special dietary advice sheets for the chef of food the person was not allowed to eat for safety reasons. We looked at the care file for a person assessed with communication difficulties. We saw that a staff member had made them an alphabet board and they could spell out their needs. People's care files and risk assessments were reviewed each month and changes to their care needs were recorded.

We saw there was complaints policy that not only provided guidance on how to make a complaint but encouraged people to make suggestions about the service and to give positive feedback about the care they received.

People told us that they were happy with the service and would talk with the care staff or registered manager if unhappy. One person said, "I have nothing to complain about and I'm amazed how well the laundry is done."

Staff were able to tell us about the action they would take if a person raised a concern or complaint. One staff member said, "I would try to resolve it there and then if possible, record it in the person's care record and report it to the manager." Furthermore, a senior member of care staff told us of a concern they had been asked to investigate on behalf of the registered manager. They explained how the staff member involved had received feedback and training to increase their awareness and further develop their skills to prevent similar concerns occurring.

Good

Is the service well-led?

Our findings

We saw that regular meetings were held with people who lived at the service. We looked at the minutes for the meeting held on 6 October 2014 and saw topics discussed included catering matters and plans for the forthcoming Christmas Fayre. We spoke with one person who told us, "I know they have meetings, but I don't go to them. I keep up to date with the regular newsletter, it's very interesting." We saw a copy of the newsletter which included information on forthcoming events and birthday greetings.

Staff told us that they enjoyed working at the home as said they all worked together as a team. Staff said that the registered manager and their deputy were approachable if they wished to discuss issues and they found the manager supportive.

Staff were aware of the whistle blowing policy and knew how to raise concerns about the care people received. We saw the policy provided staff with the direct telephone number for the registered provider

People's relatives spoke positively about the service. One commented, "It's absolutely lovely. If mum wasn't happy here, she wouldn't be here. They are like family." Another person's relative said, "The staff are well led."

There were regular staff meetings and staff told us they were able to express their views and raise issues at these meetings. We looked at the minutes from these meetings and found that a wide range of relevant topics were discussed at meetings, including medicine ordering and administration.

We saw that policies and procedures were referenced to national guidance and current research evidence for best practice. We found that there was good management and resources to drive improvement to achieve best practice. For example, one person's relatives spoke with enthusiasm about their parents' bedroom. They said, "We fell in love with this place, it is perfect. Our parent's bedroom has just had a full makeover, new carpet, new curtains, and new radiator. Everything is new. It is fantastic."

People were invited to give their feedback on the service through a survey. One staff member explained how acting on feedback from people influenced change to practice. They said, "The results from the residents survey was discussed at these meetings [team meetings]. Changes had been made to the menus as a result of feedback and they had experimented with providing a breakfast buffet."

We spoke with a volunteer who told us that they felt totally valued by all the staff in the service.

We saw the values statement for staff on display. It focussed on five key areas including empowering individuals and respecting each other.

A programme of regular audit was in place that covered key areas such as health and safety, medicines and infection control. We looked at the medicine audits for the previous three months and found that there was evidence of ongoing improvements.

We looked at the action plan from the annual care quality audit undertaken in September 2014. We saw that areas to action were allocated to the most suitable staff member. For example, recording one to one activity was allocated to the activity coordinator and ensuring six monthly reviews were carried out were allocated to the care team. The registered manager told us that the outcome of the care quality audit was shared with all the team.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.