

Orders of St John Care Trust

OSJCT Florence Court

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

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

OSJCT Florence Court is an extra care housing service which provides personal care to older people and people with a physical disability who have their own flat in the complex. At the time of our inspection 23 people were receiving personal care from staff. This was an announced

Summary of findings

inspection, which meant the provider knew we would be visiting. This was so the provider could help us to make contact with as many people who use the service as possible.

People who use the service and their relatives were positive about the care they received and praised the quality of the staff and management. One person told us “Everyone who comes in here cares about me, they are always considerate. If I need more help, I only have to ask”.

People told us they felt safe when receiving care and were involved in developing their care plans. Systems were in place to protect people from abuse and harm and staff knew how to use them.

Staff understood the needs of the people they were supporting. People told us that care was provided with kindness and compassion.

Staff were appropriately trained and skilled. They received a thorough induction when they started work at the service. They demonstrated a good understanding of their roles and responsibilities, as well as the values and philosophy of the service. The staff had completed training to ensure the care and support provided to people was safe and effective to meet their needs.

The service was responsive to people’s needs and wishes. Comments from people included, “They ask me all the time whether I am ok about the service. They listen to me and they are always helpful, make sure we have all the help we need”; and “Staff will ask, and listen to instructions”.

The registered manager assessed and monitored the quality of care. The service encouraged feedback from people and their relatives, which they used to make improvements to 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 who use the service and their relatives said they said they felt safe when receiving care.

There were sufficient staff to meet people's needs safely. People felt safe because staff arrived on time and because staff responded promptly when they used their emergency call bells.

Systems were in place to ensure people were protected from abuse. People were supported to take risks and were involved in developing plans to manage the risks they faced.

Good



Is the service effective?

The service was effective. Staff had suitable skills and received training to ensure they could meet the needs of the people they supported.

People's health care needs were assessed and staff supported people to stay healthy. People were supported to eat and drink enough to meet their needs.

Staff recognised when people's needs were changing and worked with other health and social care professionals to make changes to their care package.

Good



Is the service caring?

The service was caring. People and their relatives spoke positively about staff and the care they received. This was supported by our observations.

People's care was delivered in a way that took account of their individual needs and the support they required to live their lives independently at home.

Staff provided care in a way that upheld people's dignity and rights. Care was delivered in private and people's property and home were treated with respect.

Good



Is the service responsive?

The service was responsive. People and their relatives were supported to make their views known about their care and support. People were involved in planning and reviewing their care.

Staff had a good understanding of how to put person-centred values into practice in their day to day work and provided examples of how they enabled people to maintain their skills.

People told us they knew how to raise any concerns or complaints and were confident that they would be taken seriously.

Good



Is the service well-led?

The service was well led with strong leadership and values, which were person focused. There were clear reporting lines from the service through to senior management level.

Systems were in place to review incidents and audit performance, to help identify any themes, trends or lessons to be learned. Quality assurance systems involved people that use the service, their representatives and staff and were used to improve the quality of the service.

Good



OSJCT Florence Court

Detailed findings

Background to this inspection

This inspection was carried out by one adult social care inspector and an expert by experience, who had experience of using or caring for someone who uses this type of service. We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR was information given to us by the provider. This enabled us to ensure we were addressing potential areas of concern. We also looked at the notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. We also received completed questionnaires from 11 people who use the service.

We visited OSJCT Florence Court on 22 and 24 July 2014 and spoke with four people who use the service, four care staff and the registered manager. We spent time observing the way staff interacted with people who use the service

and looked at the records relating to care and decision making for four people. We also looked at records about the management of the service. Following the visit, the expert by experience spoke with two people who use the service and four relatives by telephone.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective? The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

All of the people we spoke with said they felt safe using the service. Comments included “I feel very safe. We have emergency buttons and it goes through to the main office. They come in five minutes”; and “I feel safe, staff come quickly when I use my pendant”. Everyone who completed our survey also said they felt safe. The relatives of people who use the service were also assured that people were safe, with comments including “I am sure my mum is safe here”; and “I have no concerns about the safety of the service, the carers know what they are doing”.

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report abuse if they were concerned and were confident managers would act on their concerns. Staff were also aware of the whistle blowing policy and the option to take concerns to agencies outside the service if they felt they were not being dealt with. The whistle blowing policy had been publicised to staff as the ‘policy of the month’ in the weeks before the inspection.

Staff demonstrated a good understanding of the principles of the Mental Capacity Act 2005 (MCA). They explained the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if the person lacked capacity. We saw capacity assessments

had been completed where necessary. People told us staff did not stop them doing what they wanted, with one person commenting “I can go where I want, but I know that the staff will help me if I ask”.

Risk assessments were in place to support people to be as independent as possible, balancing protecting people with supporting people to maintain their freedom. We saw assessments about how to support people to respond safely to a fire alarm and to manage household tasks, such as cooking. One person had been supported to take positive risks about the way they lived independently and their use of an emergency call bell. The assessments had been completed with input from the person, people who knew them well and professionals involved in their care.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant’s past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people.

Sufficient staff were available to support people. People told us there were enough staff available to provide care for them when they needed it and they arrived on time. Comments included, “Staff arrive on time and stay as long as they should”; and “There are always staff there if you call them”. Staff told us they were able to provide the care people needed, although some commented it was difficult covering sickness, which put them under additional pressure. Comments included, “There are enough staff, but there are some problems with sickness, which is covered within the team.”

Is the service effective?

Our findings

People received effective care from staff who had the knowledge, skills and training to meet their needs. People told us staff understood their needs and provided the care they needed, with comments including, “Staff know what they’re doing”; “Staff have the right skills”; “Whoever comes knows what my needs are, I am very satisfied with the service I get”; and “Everyone works well. Not the same carers every time but it doesn’t matter, they all know what they’re supposed to do for us”. Most relatives we spoke with were positive about the care provided, although one said they were not happy with the service and questioned whether staff had the skills needed. Two relatives told us the staff did have the skills needed to provide effective care to people who have dementia, with one commenting “The care the service provides has been designed to meet the individual needs of my mother”.

Staff told us they received regular training to give them the skills to meet people’s needs, including a thorough induction and meeting the needs of people with dementia. This was confirmed in the training records we looked at. The head of care took the lead for staff training, and told us the organisation was in the process of completing a “Back to Basics” initiative. This included a competency assessment of all staff to identify what further training and development needs they had, including an assessment of the skills staff had to provide care to people with dementia.

Staff had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. Staff told us they received good support and were able to raise concerns outside of the formal supervision process.

Some people received support in their flat to prepare meals and some used a restaurant within the building. One person told us, “I get my own breakfast and tea. I go to the dining room for lunch and pudding”. People told us staff provided good support to prepare meals, with one person commenting that staff knew about their specific diet and ensured that it was followed. Where people received support to prepare food, there was detailed information in their care plan about their specific needs and how they should be met. People told us staff follow these plans. One relative commented, “They treat her well [and] make sure she has food and drink”.

People told us staff helped them to make appointments with health and social care professionals where necessary, such as their GP or dentist. Staff had identified that the agreed care package for one person was not meeting all of their needs and were working with their social worker to ensure that care visits were better planned, rather than requiring the person to use the emergency call bell. One person told us staff had responded well to a medical emergency, taking prompt action to give them immediate first aid and to call the emergency services. The person told us staff were “Magnificent” in the way they responded.

People’s care plans described the support they needed to manage their day to day health needs. These included personal care, skin management, preventing falls and medication. Staff monitored people’s skin when providing personal care and any concerns were recorded and communicated to the office and community nurse if required. Where community nurses were involved in managing people’s health, staff were clear of their responsibility to follow instructions provided by professionals, to monitor and report any concerns.

Is the service caring?

Our findings

People told us they were treated well and staff were caring. Comments included, “Everyone who comes in here cares about me, they are always considerate. If I need more help, I only have to ask”; and “I’m very satisfied with the care I get”. We observed staff interacting with people in a friendly and respectful way. Staff respected people’s choices and privacy and responded to requests for support. For example, we observed staff supporting people in the restaurant, offering choices about meals available and where they could sit. We also saw staff close doors to have conversations with people in private.

Relatives also told us people were treated well by staff. Comments included, “I have observed how the carers behave towards her and I am satisfied that she is treated well”; “My mother has dementia and responds to gentle treatment. All the people here treat her with respect and compassion”; and “They know what they’re doing, they treat her with respect and dignity”.

People were cared for in a way that took account of their needs and the support they required to live independently at home. One person told us staff helped them “To be as independent as possible” whilst providing good care to meet their specific health needs. People told us that staff spoke with them in a meaningful way and did not rush them when providing care.

Staff had recorded important information about people, for example, family life, plans for the future and important relationships. People’s preferences regarding their daily care and support were recorded. Staff demonstrated a good understanding of what was important to people and how they liked their care to be provided, for example people’s preferences for the way their personal care was provided. This information was used to ensure people received care and support in their preferred way.

People were supported to contribute to decisions about their support and were involved wherever possible. For example, people had individual meetings with staff to review how their care was going and whether any changes were needed. The manager told us that when people were unable to express their views about their support, staff sought input from relatives and professionals. The service had information about local advocacy services and had made sure advocacy was available to people. This ensured people were able to discuss issues or important decisions with people outside the service.

Staff received training to ensure they understood how to respect people’s privacy, dignity and rights. This formed part of the core skills expected from care staff and was being assessed by managers as part of the ‘Back to Basics’ programme that the provider had introduced. People told us staff put this training into practice and treated them with respect. Staff described how they would ensure people had privacy and how their modesty was protected when providing personal care.

Is the service responsive?

Our findings

The service was responsive to people's needs and wishes. Each person had a care plan which was personal to them. Care plans included information on maintaining people's health, their daily routines and personal care. The care plans set out what their care needs were and how they wanted them to be met. The plans had been regularly reviewed with people to ensure the information was current. This gave staff access to information which enabled them to provide care in line with the individual's wishes and preferences. People's care was regularly reviewed and changes made where necessary.

People told us they felt the service responded well to their needs and any changes that may occur. Comments included, "They ask me all the time whether I am OK about the service. They listen to me and they are always helpful, make sure we have all the help we need"; and "Staff will ask, and listen to instructions". Staff demonstrated a good understanding of the principles of person-centred care. They gave examples of how people led their care, such as changes to the times they received care and asking people what support they need before providing it.

Relatives were positive about the way the service responded to people's changing needs. Comments included, "I have been involved in my mother's care package. The staff listen to my requests, they respond to my mother's need to feel independent"; "Staff are always responsive when I need to talk to them"; "I can contact [the

service] easily if I am worried about her"; "I was involved in designing the care package"; and "The carers constantly review the help my mother needs. I am involved if anything changes".

People were confident that any concerns or complaints they raised would be responded to and action would be taken to address their problem. People told us they knew how to complain and would speak to staff if there was anything they were not happy about. Comments included, "I speak to the manager about any complaints, they get resolved quickly"; "I would raise any concerns with the manager, she would sort them out"; and "Concerns and complaints are sorted quickly". The registered manager reported that the service had complaints procedures, which were provided to people. Complaints were monitored each month, to assess whether there were any trends emerging and whether suitable action had been taken to resolve them. Staff were aware of the complaints procedures and how they would address any issues people raised in line with them.

Most relatives were confident that the service would respond appropriately to concerns and complaints. Comments included, "The service responds to any concerns I raise"; and "I can contact them easily if I am worried about [my mother]". One relative was less positive about the way the service responds to concerns. The person said they had attended many meetings with the manager about their concerns, which had not resulted in the outcome they wanted. The manager reported that this was an on-going concern and they had plans for further meeting with the relative to try to resolve the issues.

Is the service well-led?

Our findings

The service had clear values about the way care should be provided and the service people should receive. These values were based on providing a person centred and an open service in a way that maintained people's dignity. Staff valued the people they cared for and were motivated to provide people with high quality care. Comments included, "We all aspire to an open, transparent culture and we get good backing from [the manager]"; and "There are good values, [the service is] very open".

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. There was a clear leadership structure and staff told us that managers gave them good support and direction. Comments from staff included, "The manager is very open and works to find a solution"; "The manager works well and has good insight into how the service operates"; and "The manager is very good, she sets the tone. Good work is recognised by the manager".

People were positive about the management of the service. Comments included, "The managers know what they're doing. They keep everything going"; and "It's all very well organised". Most relatives were also positive about the management of the service, reporting "The manager is superb. I couldn't find a better place for my mother to live"; and "The service is well-run". One relative was less positive and felt that the managers had not dealt with issues they had raised.

The provider had area managers, who visited the service each month to complete an operational review. These reviews included assessments of incidents, accidents,

complaints, training, staff supervision, the environment and external reports, for example, from the Care Quality Commission or environmental health officers. Any actions from these reviews were collated for the manager and updated each month to report on progress in meeting them. For example, previous audits of the training records identified that some staff had fallen behind in some training updates. A plan to update these staff had been put in place, and was due for completion in August 2014.

Satisfaction questionnaires were sent out yearly asking people their views of the service. The results of the 2014 survey had been collated and no concerns had been raised about the care people received. Some issues about maintenance of the environment and activities provided for people had been raised, and were being addressed by the manager. There were regular staff meetings, which were used to keep staff up to date and to reinforce the values of the organisation and how they expected staff to work. Staff also reported that they were encouraged to raise any difficulties and the manager worked with them to find solutions.

The manager undertook care review visits to gather people's feedback of their care and make adjustments to care arrangements if required. Records showed that action was taken in response to this feedback. For example, we saw one person had raised a concern about a member of staff not following the care plan correctly. This had been raised with the member of staff and was being monitored by the manager to ensure improvements were sustained.

Managers also undertook a quality control check of care staff, which involved visiting and assessing staff on duty to monitor the care they delivered.