

The Orders Of St. John Care Trust

OSJCT Buckland Court

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

OSJCT Buckland Court provides accommodation and personal care for up to 50 older people. At the time of our inspection 48 people were living at Buckland Court. The home was last inspected in May 2013 and was found to be meeting all of the standards assessed.

This inspection took place on 8 December 2015 and was unannounced. We returned on 9 December 2015 to complete the inspection.

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. 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 provider's systems for gaining and recording consent for care and treatment were not always followed by staff. This meant it was not possible to say whether these people consented to the care and treatment they were receiving, or if they did not have capacity to consent to their care, that the Mental Capacity Act had been followed.

People who use the service and their relatives were positive about the care they received and praised the quality of the staff and management. Comments from people included, " Staff treat us very well and come quickly when we call them ", "This is the best place – I am very happy with the care provided" and "Everything is good here, the staff treat us very well".

People told us they felt safe when receiving care and were involved in developing and reviewing 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 providing care for. People told us staff provided care with kindness and compassion.

Staff were appropriately trained and skilled. They received a thorough induction when they started working at the home. They demonstrated a good understanding of their role and responsibilities. Staff had completed training relevant to their role, although the system to record training completed was not up to date. The registered manager was working to address this and prioritise refresher training for staff where it was needed.

The service was responsive to people's needs and wishes. People had regular group and individual meetings to provide feedback about their care and there was an effective complaints procedure. One person told us, "We would speak to (the registered manager) if there was anything we were not happy about – she would sort it out".

The provider regularly assessed and monitored the quality of care provided at Buckland Court. Feedback was encouraged and was used to make improvements to the service.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People who use the service said they felt safe when receiving support.

There were sufficient staff to meet people's needs safely. People felt safe because staff treated them well and responded promptly when they requested support.

Systems were in place to ensure people were protected from abuse. Risks people faced were assessed and action taken to manage the risks.

Is the service effective?

Requires Improvement ●

The service was not always effective. The provider's systems for gaining and recording consent for care and treatment were not always followed by staff.

Staff had suitable skills and received training to ensure they could meet the needs of the people they cared for.

People's health needs were assessed and staff supported people to stay healthy. Staff worked well with specialist nurses and GPs to ensure people's health needs were met.

Is the service caring?

Good ●

The service was caring. People spoke positively about staff and the care they received. This was supported by what we observed.

Care was delivered in a way that took account of people's individual needs and in ways that maximised their independence.

Staff provided care in a way that maintained people's dignity and upheld their rights. People's privacy was protected and they were treated with respect.

Is the service responsive?

Good ●

The service was responsive. People were supported to make

their views known about their care and support. People were involved in planning and reviewing their care.

Staff were supported to put person-centred values into practice in their day to day work.

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

Is the service well-led?

Good ●

The service was well led. There was a strong leadership team who promoted the values of the service, which were focused on providing individual, quality care. 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 who use the service, their representatives and staff and were used to improve the quality of the service.

OSJCT Buckland Court

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 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 8 December 2015 and was unannounced. We returned on 9 December 2015 to complete the inspection.

The inspection was completed by one inspector. Before the inspection we reviewed previous inspection reports and all other information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider.

During the visit we spoke with the registered manager, nine people who use the service, four care staff and the area manager of the provider. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spent time observing the way staff interacted with people who use the service and looked at the records relating to support and decision making for five people. We also looked at records about the management of the service. Following the inspection we received feedback from a social worker who had contact with the service.

Is the service safe?

Our findings

People said they felt safe living at Buckland Court. Comments included "Staff treat us very well and come quickly when we call them" and "I'm very happy, I have no concerns". A relative told us they felt their family member was safe living at Buckland Court. During our SOFI (Short Observational Framework for Inspection) observations, we saw people interacting with staff in a confident and open way. People appeared relaxed in the company of staff and did not hesitate to attract their attention if they needed assistance.

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 procedures 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 senior staff in the organisation would listen to them and act on their concerns. Staff were aware of the option to take concerns to agencies outside the service if they felt they were not being dealt with. We saw the home had reported issues and worked openly with the safeguarding team where any concerns had been raised. The social worker who provided feedback to us said communication with the service during safeguarding investigations had been "timely, informative and productive".

Risk assessments were in place to support people to be as independent as possible, balancing protecting people with supporting people to maintain their freedom. Assessments included details about how to support people to minimise the risk of falls, maintain suitable nutrition and to stay safe when angry or distressed. People had been involved throughout the process where possible to assess and plan management of risks. We saw in one of the five people's records we inspected there was some contradictory information in their risk assessments, relating to their eyesight and how it may affect their mobility. The registered manager said she would take action to resolve the issue. Despite the contradictory information, staff demonstrated a good understanding of people's needs and the actions they needed to take to keep people safe.

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 or whether they have been barred from working with vulnerable people. We checked the records of two recently recruited staff and found the organisation's procedures were being followed and staff had been thoroughly checked before starting work.

Sufficient staff were available to support people. People told us there were enough staff available to provide support for them when they needed it. We observed staff responding promptly to requests for assistance and the call bells. Staff told us they were able to provide the care and support people needed.

Medicines held by the home were securely stored and people were supported to take the medicines they

had been prescribed. We saw a medicines administration record had been fully completed. This gave details of the medicines people had been supported to take, a record of any medicines people had refused and the reasons for this. There was a record of all medicines received into the home and disposed of. Where people were prescribed 'as required' medicines, there were protocols in place detailing when they should be administered.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be legally authorised under the MCA. 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).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us two people had authorised deprivations in place and applications had been made for 30 other people. For the two people whose deprivations had been authorised, the service had details of the terms of the authorisation and were working in line with them.

The provider's systems for gaining and recording consent for care and treatment were not always followed by staff. Of the five care records we inspected, there was missing or contradictory information regarding consent in three of them. Examples included one person whose records had been completed with both 'yes' and 'no' in the section on whether they consented to sharing information. The form for this person had not been signed by them, but the section to assess whether the person had capacity to make this decision had not been completed either. Another consent form for this person had been ticked to indicate they gave consent for photographs of them being used, but the person had not signed the form. Where people were able to give consent but not able to sign the form, a section on the paperwork was provided for staff to record how they gained consent from the person, but this had not been completed either. A second person also had a form showing they had given consent to share information and for the provider to use photos of them, but which had not been signed by the person. Again where the person was not able to sign the consent forms, the staff had not recorded in the appropriate section how they had gained the person's consent. A third person's records in relation to consent for information sharing and photography had been left blank. There was no record of either how this person had given their consent or that they were not able to consent to these issues. This meant it was not possible to say whether these people consented to the care and treatment they were receiving, or if they did not have capacity to consent to their care, that the MCA principles had been followed.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us the training records for staff were not up to date and they were in the process of checking all of the training staff had completed to develop an accurate record. The registered manager had started work in planning training courses to ensure staff completed training that was out of date and some of these training courses had taken place. The registered manager said their current priority was for more staff to complete further training in dementia and first aid. Staff were generally positive about

the training they had completed and also said they had received a good induction when they started working in the service.

People told us staff understood their needs and provided the support they needed, with comments including, "They know what they're doing". During our Short Observational Framework for Inspection (SOFI) observations we saw staff demonstrating a good understanding of people's needs and how to meet them. Staff demonstrated good communication skills and an understanding of people's individual likes and dislikes.

Staff had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. We saw these supervision sessions were recorded and the registered manager had scheduled regular one to one meetings for all staff throughout the year, with themes for discussion as well as the opportunity to receive individual support. Staff said they received good support and were also able to raise concerns outside of the formal supervision process. Comments from staff included, "I feel supported by the management team – I can raise any issues" and "I feel well supported. The manager will always address any issues". The system for appraisals of staff performance had slipped and staff had not received their individual appraisal. The registered manager was aware of this shortfall and had planned time in the first quarter of 2016 for all staff to have an appraisal of their performance and to set objectives for their development.

People told us they enjoyed the food provided by the home and were able to choose meals they liked. Comments included, "The food is good" and "The food's ok, we get a choice of meals". The service had different dining areas and we saw that lunch time of both days was a relaxed, social occasion. People were offered a choice of meals, which were well presented. During the meal people chatted and laughed and staff joined in with discussions that were taking place. One person did not like either of the choices available on the day and was having a sandwich. They told us they had been offered a range of choices including a salad and omelette, but said they preferred the sandwich.

People said they were able to see health professionals where necessary, such as their GP, specialist nurse or speech and language therapist. People's care plans described the support they needed to manage their health needs. There was clear information about monitoring for signs of deterioration in their conditions, details of support needed and health staff to be contacted.

Is the service caring?

Our findings

People told us they were treated well and staff were caring. Comments included, "This is the best place – I am very happy with the care provided" and "Everything is good here, the staff treat us very well". A relative we spoke with said they were very happy with the care provided at the service. 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 providing comfort and reassurance to one person when they were distressed. We also saw staff providing discreet support for people to go to the toilet.

In addition to responding to people's requests for support, staff spent time chatting with people and interacting socially. People appeared comfortable in the company of staff and had developed positive relationships with staff. We saw people chatting with staff in their rooms at various times during the visit. This helped to ensure that people who did not often use the communal areas did not become socially isolated.

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

People were supported to contribute to decisions about their care and were involved wherever possible. For example, people and their relatives had individual meetings with staff to review how their care was going and whether any changes were needed. Details of these reviews and any actions were recorded in people's care plans. People told us staff consulted them about their care plans and their preferences. There were also regular residents' meetings, which were used to receive feedback about the service and make decisions about activities in the home. Issues discussed included social activities, menus and requests for staff to work more quietly at night.

Staff received training to ensure they understood the values of the organisation and how to respect people's privacy, dignity and rights. This formed part of the core skills expected from staff and was assessed through observation of staff as part of the 'back to basics' programme. This was a programme introduced by the provider to ensure all staff had the skills and understanding to provide care in line with the organisation's values. People told us staff put this training into practice and treated them with respect. Staff described how they would ensure people treated with dignity and their privacy maintained.

Is the service responsive?

Our findings

People had a care plan which was personal to them. The plans included information on maintaining health, daily routines and goals to maintain skills and maximise independence. Care plans set out what people's needs were and how they wanted them to be met. The plans included a 'This is me' book, which is a document developed by the Alzheimer's Society and the Royal College of Nursing. The book allows people and those who know them well to set out details of what is important to them and how they want care to be provided. This gave staff access to information which enabled them to provide support in line with people's individual wishes and preferences. The plans were regularly reviewed with people and we saw changes had been made following people's feedback. One of the plans we saw contained out of date information about how their diabetes should be managed. We discussed this with the registered manager, who said they would take action to amend the care plan. Despite the out of date information, staff demonstrated a good understanding of the person's needs and how they should be met.

The registered manager told us they had been working with the staff team to embed the person centred approach into the way staff were supporting people. They had been working with the Wiltshire Council Quality Assurance team to help staff understand the change in approach from being task focussed to focussing on people's individual needs. The registered manager was aware further work was needed to ensure this was put into practice consistently and was planning to address this through the supervision and appraisal process.

People told us they were able to keep in contact with friends and relatives and take part in activities they enjoyed. There was a programme of planned activities, which included trips out, arts and crafts activities, visiting entertainers and religious services. The programme was designed with input from people who use the service. We observed staff providing company and interaction with people in their rooms and quiet areas of the home throughout the visit. This helped to ensure people who did not wish to take part in group activities did not become socially isolated.

People were confident any concerns or complaints they raised would be responded to and action would be taken to address their issue. People told us they knew how to complain and would speak to staff if there was anything they were not happy about. One person commented, "We would speak to (the registered manager) if there was anything we were not happy about – she would sort it out". One relative told us, "I would speak to staff if I had a problem and am confident they would help me to resolve it". The service had a complaints procedure, which was provided to people when they moved in.

Complaints were regularly monitored, to assess whether there were any trends emerging and whether suitable action had been taken to resolve them. Staff were aware of the complaints procedure and how they would address any issues people raised in line with it. Complaints received had been investigated and a response provided to the complainant.

Is the service well-led?

Our findings

There was a registered manager in post at Buckland Court and they were available throughout the inspection. In addition to the registered manager, the management team included a head of care and an area operations manager. The registered manager had been appointed within the previous year and told us she had been working to make a number of changes and improvements to the service. The registered manager had a development plan to address shortfalls that had been identified and was open with us throughout the inspection on the work that was still required.

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 managers gave them good support and direction. Comments from staff included, "Since (the registered manager) has been here there's been a big improvement. We can see the point of the changes that are being made" and "(The registered manager) is a good manager. You can always go and see her. Her door is always open".

There was a quality assurance process which focused on a different aspect of service delivery each month, including an assessment of the service by the area operations manager. In addition to these reviews by operational staff, the organisation had a central quality team, who completed comprehensive audits of the service. An audit in April 2015 had identified a number of shortfalls in the quality of the service and an action plan to address the issues was implemented. The follow up audit in July 2015 found that significant improvements had been made, but that some issues remained on-going or there was further work required to embed the changed working practices.

Information from the audits and reviews was used to develop an action plan to address any shortfalls and to promote best practice through the service. The development plan was reviewed and updated as part of the registered manager's supervision sessions. This ensured actions were being implemented where necessary.

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 registered manager worked with them to find solutions. The organisation used a system of reflective practice, to review incidents and reflect on whether they could have responded differently.

The views of people who use the service were sought through group and individual meetings. Records of these meetings showed people's suggestions were implemented, for example, changes to the menus and planned activities in the service. The registered manager said a survey of people and other stakeholders had not been carried out for some time. The registered manager had plans to re-introduce these to gain feedback from a range of people involved in the service. The registered manager felt this would help gain views of a wider group of people with different perspectives on the service, which would help them to make further improvements.

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.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered provider had not ensured their system for gaining and recording consent for care and treatment were always followed by staff.</p> <p>Regulation 11 (1).</p>