

# The Orders Of St. John Care Trust

## OSJCT Lake House

### Inspection report

The Green  
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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

We inspected Lake House on 9 October 2018. This was an unannounced inspection.

Lake House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care home accommodates up to 43 people. At the time of the inspection there were 38 people living at the service.

At our last inspection on 13 September 2017, the overall rating was requiring improvement. One breach of the Health and Social Care Act 2008 (Regulated Activities) 2014 was identified. Following the inspection, we received an action plan which set out what actions were being taken to bring the service up to standard. At this inspection we found improvements in the service. We could see that action had been taken to improve staff recruitment practices.

There was a registered manager in place. 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.

People told us they were safe living at Lake House. There were enough staff to meet people's needs. Staff demonstrated they understood how to keep people safe and we saw that risks to people's safety and well-being were managed through a risk management process. There were systems in place to manage safe administration and storage of medicines. People received their medicines as prescribed.

People had their needs assessed prior to living at Lake House to ensure staff were able to meet people's needs. Staff worked with various local social and health care professionals. Referrals for specialist advice were submitted in a timely manner.

People were supported by staff that had the right skills and knowledge to fulfil their roles effectively. Staff told us they were well supported by the management team. Staff support was through regular 'Trust in conversations' (one to one meetings with their line manager), appraisals and team meetings to help them meet the needs of the people they cared for.

People living at Lake House were supported to meet their nutritional needs and maintain an enjoyable and varied diet. Meal times were considered social events. We observed a pleasant dining experience during our inspection.

People told us they were treated with respect and their dignity was maintained. People were supported to

maintain their independency. The provider had an equality and diversity policy which stated their commitment to equal opportunities and diversity. Staff knew how to support people without breaching their rights. The provider had processes in place to maintain confidentiality.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and report on what we find. The registered manager and staff had a good understanding of the MCA and applied its principles in their work. Where people were thought to lack capacity to make certain decisions, assessments had been completed in line with the principles of MCA. The registered manager and staff understood their responsibilities under the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be deprived of their liberty for their own safety.

People knew how to complain and complaints were dealt with in line with the provider's complaints policy. People's input was valued and they were encouraged to feedback on the quality of the service and make suggestions for improvements. Where people had received end of life care, staff had taken actions to ensure people would have as dignified and comfortable death as possible. People had access to activities. However, these could be improved.

People, their relatives and staff told us they felt Lake House was well run. The registered manager and management team promoted a positive, transparent and open culture. Staff told us they worked well as a team and felt valued. The provider had effective quality assurance systems in place which were used to drive improvement. The registered manager had a clear plan to develop and further improve the home. The home had established links with the local communities which allowed people to maintain their relationships.

## 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.

Staff understood safeguarding procedures.

Risks to people were assessed and risk management plans were in place to keep people safe.

There were enough staff to keep people safe.

Medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills to meet people's needs.

The MCA principles were followed and people were cared for in the least restrictive way.

People were supported to access healthcare support when needed.

### Is the service caring?

Good ●

The service was caring.

People were treated as individuals and were involved in their care.

People were treated with dignity and respect and supported to maintain their independence.

Staff knew how to maintain confidentiality.

### Is the service responsive?

Good ●

The service was responsive.

Staff understood people's needs and preferences. Staff were knowledgeable about the support people needed.

People had access to activities. However, these could be improved.

People and their relatives knew how to raise concerns.

### **Is the service well-led?**

The service was well-led.

Staff spoke highly of the support they received from registered manager and the management team.

The leadership created a culture of openness that made people and staff feel included and well supported.

There were systems in place to monitor the quality and safety of the service and drive improvement.

**Good** 

# OSJCT Lake House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 9 October 2018 and was unannounced. The inspection team consisted of two inspectors and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service and the service provider. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We received feedback from two social and health care professionals who regularly visited people living in the home. This was to obtain their views on the quality of the service provided to people and how the home was being managed. We reviewed previous inspection reports. We also obtained feedback from commissioners of the service.

We spoke with 18 people and nine relatives. We looked at five people's care records and four medicine administration records (MAR). The methods we used to gather information included pathway tracking, which is capturing the experiences of a sample of people by following a person's route through the home and getting their views on their care. During the inspection we spent time with people. We looked around the home and observed the way staff interacted with people. We spoke with the registered manager, the area manager, the head of care and eight staff which included, care staff, domestic staff, maintenance staff and catering staff. We reviewed a range of records relating to the management of the home. These included six staff files, quality assurance audits, minutes of meetings with people and staff, incident reports, complaints and compliments. In addition, we reviewed feedback from people who had used the service and their relatives.

## Is the service safe?

### Our findings

At our last inspection on 13 September 2017, we found the provider had not ensured information was available as specified in Schedule 3 of the Health and Social Care Act 2008. These concerns were a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection on 9 October 2018, we found improvements had been made.

The provider followed safe recruitment practices. Staff files included application forms, records of identification and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS) to make sure staff were suitable to work with vulnerable people. The DBS check helps employers make safe recruitment decisions and prevents unsuitable potential employees from working with vulnerable people.

People told us they felt safe living at Lake House. One person said, "It's just safe the people there kind and considerate". Another person told us, "Yes, it's a combination of staff and friends make you feel safe". One person's relative commented, "Yes she is safe. When she first came here she was taking up to eight tablets a day but she started not wanting to take them. The carers and staff twigged this and by agreement she hasn't taken any for eighteen months now and she has not had any fits".

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff had attended training in safeguarding vulnerable people and had good knowledge of the service's safeguarding procedures. Staff were aware of types and signs of possible abuse and their responsibility to report and record any concerns promptly. One member of staff said, "I would report any abuse to manager. I could also report to the police, safeguarding and CQC (Care Quality Commission)".

Risks to people were identified and risk management plans were in place to minimise and manage the risks and keep people safe. Some people had restricted mobility and information was provided to staff about how to support them when moving them around the home. Risk assessments included areas such as nutrition, falls, fire and moving and handling. Risk assessments were reviewed and updated promptly when people's needs changed. For example, one person had lost weight. The person was referred to a dietician. Staff were advised to give the person fortified food and offer more snacks. This person's risk assessments and care plans were reviewed promptly to reflect the changes. Records showed the person had gained weight. People had Personal Evacuation Emergency Plans in place (PEEPs). These contained detailed information on people's mobility needs and additional support required in the event of a fire.

The home had enough staff to meet people's needs and keep them safe. Throughout our inspection we saw people were attended to without unnecessary delay. Call bells were answered in a timely way and staff took time to engage with people. Staff rotas showed there were enough staff on duty to meet people's needs and confirmed that planned staffing levels were consistently maintained.

We asked people if there were enough staff and they told us, "If you press the buzzer they cannot come quickly enough" and "Probably there are just enough carers here, but I am not really sure". One person's

relative told us, "Yes, it feels like they have enough staff, it seems ok"

Staff told us they were enough staff to meet people's needs. Comments included, "There is time to sit and chat", "We definitely have enough staff to keep people safe" and "I think we are alright".

The provider had a clear procedure for recording accidents and incidents. Accidents or incidents relating to people were documented, thoroughly investigated and actions were followed through to reduce the risk of further incidents occurring. The registered manager audited and analysed accidents and incidents to look for patterns and trends to make improvements for people who used the service. Staff knew how to report accidents and incidents.

The service learned from mistakes. Staff told us and records showed shortfalls were discussed with the aim of learning from them. For example, staff told us a lot of learning and changes had been implemented following our last inspection.

The environment looked clean and equipment used to support people's care, for example, weight scales, wheelchairs, hoists and standing aids were clean and had been serviced in line with national recommendations. People's bedrooms and communal areas were clean. Staff were aware of the providers infection control policies and adhered to them. One person commented, "My room is very nice and its always kept clean and they clean it every day and the home are always clean".

## Is the service effective?

### Our findings

People told us and records confirmed that people's needs were assessed before they came to live at Lake House. This allowed gathering of the necessary information that formed the base of care planning process and ensure the home was appropriate to meet people's needs and expectations.

People received care from knowledgeable staff who had the right skills. Records showed staff had the right competencies and qualifications to enable them to provide support and meet people's needs effectively.

Records showed new staff went through an induction training which was linked to the Care Certificate standards. The Care Certificate is a set of nationally recognized standards to ensure all staff have the same induction and learn the same skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support. This included training for the role and shadowing an experienced member of staff. One member of staff commented, "The induction was very helpful. I have just started shadowing".

Staff told us and records showed staff received the provider's mandatory training before they started working at Lake House. They were also supported to attend refresher sessions regularly. Mandatory training included; infection control, safeguarding, equality and diversity and fire safety.

Staff received regular 'Trust in conversations'. This was a combined supervision and annual appraisal process. These meetings provided an opportunity for staff to meet with the managers on a regular basis to agree objectives and discuss their performance. One member of staff told us, "We have 'Trust in conversations' throughout the year and they are very helpful".

Throughout the inspection we observed people had access to food and drinks of their choice. Where needed, people were encouraged to drink fluids and staff recorded on food and fluid charts. People told us they enjoyed the food and were able to make choices about what they had to eat. Comments included; "The food is very good, and we get a choice my favourite is fish & chips and we get it on a Friday and no never get hungry at night", "It's fantastic I don't think you could get better food and oh yes you get a really good choice of it and if you don't like it you can have something different". One person's relative commented, "Yes, [Person] does eat it all. No, we haven't eaten here but the food always looks good".

During the inspection we observed the midday meal experience. This was an enjoyable, social event where most people attended. There was conversation and chattering throughout. A two-course meal was served hot from the kitchen and looked appetising. People were offered a choice of drinks throughout their meal and, where required, received appropriate support. People were encouraged to eat and extra portions were available. We observed staff sitting with people and talking to them whilst supporting them to have their meals at a relaxed pace. Some people chose to have meals in their rooms and staff respected that. People had the same pleasant dining experience where ever they chose to eat their meal.

People's care records showed relevant health and social care professionals were involved with their care. People were supported to stay healthy and their care records described the support they needed. Where

referrals were needed, this was done in a timely manner. The home facilitated weekly GP visits to review residents as needed.

The Care Quality Commission (CQC) is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report our findings. 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. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager and staff ensured that the rights of people who may lack mental capacity to make particular decisions were protected. Where people did not have capacity to make certain decisions, there was evidence of decisions being made on their behalf by those that were legally authorised to do so and were in a person's best interests.

Staff told us they understood the MCA. One member of staff said, "MCA is about allowing people to make their own choices, even unwise ones" and "We complete mental capacity assessments when people do not have capacity and we follow the best interest process".

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the home met the requirements of DoLS. People who had DoLS in place were being supported in the least restrictive way.

People or their legal representatives were involved in care planning and their consent was sought to confirm they agreed with the care and support provided. Staff sought verbal consent whenever they offered care interventions. Throughout the inspection we saw and heard staff seeking permission and explaining care to be given. For example, when people were supported with personal care.

People's rooms were personalised and decorated with personal effects, furnished and adapted to meet their individual needs and preferences. Paintings, pictures and soft furnishings evidenced people were involved in adapting their rooms. The general outlook of the home allowed free access to people who used equipment like wheelchairs. There were several sitting areas where people could spend their time. People could move around freely in the communal areas of the building and the gardens.

## Is the service caring?

### Our findings

People told us staff were caring. People's comments included; "The staff are very good and there very kind to me do you know they spend all-day caring for us and there the same when they start in the morning and when they finish their shift there fantastic" and "They [Staff] are very good here, they look after us very well" and "We have some laughs I can tell you. On the whole they have some excellent carers". One person's relative told us, "I think the home is excellent, I am really happy that he is here, I know too that he is safe".

We observed staff talking to people in a polite and respectful manner. They interacted with people as they went about their daily work stopping to talk to people as they passed by. People were given options and the time to consider decisions about their care. Throughout our inspection, we observed many caring interactions between staff and the people they were supporting. It was clear people were comfortable in the company of staff. People's preferred names were used on all occasions and we saw warmth and affection being shown to people. The atmosphere was calm and pleasant.

Staff had a calm approach and made sure people were comfortable. People told us staff treated them respectfully and maintained their privacy. One person said, "Yes they do close my curtains and all the staff call me by my name. People received care in private. We saw staff knocking on people's doors and asking if they could go in. Staff told us how they protected people's dignity when giving personal care by making sure doors were closed, covering people appropriately and explaining what they were doing.

People's care plans contained information and guidance on how best to communicate with people who had limitations to their communication. For example, one person's care plan stated the person needed time to verbalize their thoughts and they could get anxious about it. We saw staff took time with this person to ensure they understood them. Staff knew people's individual communication skills, abilities and preferences.

Staff spoke with us about promoting people's independence. One member of staff said, "We support them to do more day to day things. At times we just need to be there and they will be confident". Records showed people's independence was promoted. For example, one person's record emphasised on allowing enough time for the person to try and move with minimal support. One person's relative told us, "They encourage him to be independent".

Staff were provided with guidance in relation to confidentiality and were aware of the provider's policy on confidentiality. One member of staff told us, "We do not discuss residents in corridors". Records showed staff also signed a confidentiality agreement.

Throughout the inspection we saw staff were discreet and respected people's confidentiality. Records containing people's personal information were kept in the main office which was locked and only accessible to authorised persons. People knew where their information was and they were able to access it with the assistance of staff. Some personal information was stored within a password protected computer. The registered manager was well aware of the implementation of the GDPR. From May 2018, GDPR is the primary

law regulating how companies protect information.

The provider's equality and diversity policy was available in the home. This stated the provider's commitment to equal opportunities and diversity. This included cultural and religious backgrounds as well as people's gender and sexual orientation. Staff spoke to us about how they supported people. One member of staff told us, "We care for people and respect their beliefs".

## Is the service responsive?

### Our findings

People's access to activities needed to improve. Records showed people were involved in activities which included trips into town, shows and entertainers came to visit. However, on the day of the inspection we did not see any formal activities going on. The activities coordinator was away. People gave us mixed views on availability of activities. Comments included; "They think different things up and they encourage me to take part", "It is boring here most of the time. I was taken to Banbury Fair last year", "No, we don't do any activities and I do get bored" and "Yes, there's activities here in the afternoons but I don't do a lot of them". One person's relative told us, "He likes all the entertainment here".

We spoke to the registered manager about our concerns and they told us they had recognised the need for activities to be more person-centred. The provider had introduced a 'This is Me' document which captured people's life histories including past work, social life, likes and dislikes. This would enable staff to provide person-centred care and respect people's preferences and interests. Records showed the home had contacted families to assist in the completion of this information.

People were supported to maintain links with the local community and volunteers were used to encourage people to build relationships through public events such as tea parties, sports days and summer fetes. People told us they enjoyed these events.

The home celebrated people's special occasions, such as birthdays with them. These were made to be special, social occasions and people told us they loved them. Staff understood the needs of people and delivered care in a way that promoted equality and diversity. People's spiritual needs were respected and people were supported to practice their religion. A chaplain regularly visited the care home and had private conversations with people.

People's care records contained detailed information about their health and social care needs. The care plans included information about people's personal preferences and were focused on how staff should support individual people to meet their needs. For example, people's preferences about what time they preferred to get up or what food they liked to eat. People's abilities and hobbies were considered. One person told us, "I help feed the animals, the rabbits- I am quite happy here".

People's care plans covered areas such as personal care, eating and drinking, mobility, elimination and communication needs. These care records were regularly reviewed. We saw daily records were maintained to monitor people's progress on each shift.

People's relatives told us they were involved in the planning of people's care. Relative's comments included; "We have scheduled meetings twice a year when we sit with carers and staff and adjust his care plan and discuss and talk ideas about his care" and "We are asked to come in twice a year and review the care plan with the Head of Care and a couple of others".

The provider had a key worker system in place. A keyworker is a staff member responsible for overseeing the

care a person receives and liaises with families and professionals involved in that person's care. This allowed staff to build relationships with people and their relatives and aimed at providing personalised care through consistency.

The management team ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers as well as daily staff meetings. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress. Staff shared information about any changes to care needs and generally how people had spent their day. This meant staff received up to date information before providing care, maintaining consistency.

People and their relatives knew how to make a complaint and the provider had a complaints policy in place. People told us they knew who to complain to if they had any concerns. One person said, "No, I have never complained about anything at all here".

The service had a 'Niggles Sheet' which was used to record minor concerns. These concerns had been addressed immediately before they became formal complaints. The service had not received any formal complaints in the last year. People spoke about an open culture and felt that the home was responsive to any concerns raised.

People's preferences relating to end of life were recorded. This included funeral arrangements and preferences relating to support. People and their relatives, where appropriate, were involved in advanced decisions about their end of life care and this was recorded in their care plans. For example, one person had an advance end of life care (a plan of their wishes at the end of life) and a do not attempt cardio pulmonary resuscitation (DNACPR) order document in place. We saw the person and their family were involved in this decision. Staff described the importance of keeping people as comfortable as possible as they approached the end of their life. They talked about how they would maintain people's dignity and comfort.

## Is the service well-led?

### Our findings

Lake House was led by a registered manager who was supported by an area operations manager and a head of care. The registered manager had been in post for three years. They were passionate about their role and had a clear vision to develop and improve the quality of the service.

People told us Lake House was well run. People's comments included, "I think [Manager] is doing a good job", "She's the one with the office and I spoke to her yesterday and yes I think she's doing a good job" and "Yes we know the manager here, we get on well and she is quite friendly". One person's relative told us, "The manager is very supportive, open and very transparent. I think there doing a wonderful job".

There was a clear management structure in place, with staff being aware of their roles and responsibilities. Staff felt that they could approach the registered manager and senior staff with any concerns and told us that management were supportive and made themselves available. Staff told us the registered manager had an open-door policy and were always visible around the home and staff appreciated their hands-on approach. One member of staff said, "Manager is supportive and approachable". Other staff comments included, "Manager is softly spoken and can discuss anything with her. Very supportive and her door is always open for anyone" and "She is not only a good manager but encouraging, motivating, helped me with progress and development. She is mother-like". The registered manager commented, "I am big on open door policy. I promote great communication".

Lake House had a positive culture that was open and honest. The provider had a no blame culture which valued staff and treated people as individuals. Records of staff meeting minutes showed how staff were always thanked for their dedication and effort. Staff told us they enjoyed working for the provider. One member of staff said, "I am happy working here. We are a really good team".

The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances and family relationships. We saw them interact with people who used the service, relatives and staff in a positive, warm and respectful manner. One member of staff commented, "Manager is lovely. She talks and interacts with residents".

We received complimentary feedback from health and social care professionals. They spoke highly about their relationship with the registered manager and staff. They commented on how well the home was managed and how staff communicated with them in a timely manner. One healthcare professional told us, "This is a really good home. We work very well with staff and the manager is amazing".

During the inspection we observed effective team working. Staff worked so well together and respected each other's skills and abilities. This interlink of staff and good communication had a positive impact on the care people received.

The service encouraged open communication among the staff team. Staff described a culture that was open

with good communication systems in place. Team meetings were regularly held where staff could raise concerns and discuss issues. Records showed discussions were around suggestions on how to improve care in relation to people's care plans and dining experience. Staff also attended daily '10 at 10' head of department meetings. These allowed continuous updates among staff and aimed at improving people's care.

People's views and feedback was sought through residents' and relatives' meetings as well as surveys. Records of family meetings showed that some of the discussions were around what changes people wanted. For example, in one meeting there were discussions around activities and menu choices. A proposal had been made to have chickens which people were happy to look after.

The provider had quality assurance systems in place to assess and monitor the quality of service provision. For example, quality audits including medicine safety, catering, infection control and care plans. Quality assurance systems were operated effectively and used to drive improvement in the service.

The home emphasised continually striving to improve and the management team promoted and regularly implemented innovative systems in order to improve the effectiveness of the service. For example, they promoted good practice by participating in research. The home had been involved with the University of Oxford in a research project aimed at reducing infection in care home residents. The research was still on-going.

Records showed the service worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought and referrals were made in a timely manner which allowed continuity of care. The home was transparent and this was evidenced through their effective communication and reflective practices which aimed at improving care outcomes for people.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events. They also understood and complied with their responsibilities under duty of candour, which places a duty on staff, the registered managers and the provider to act in an open way when people came to harm.